

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

Check Applicable Boxes:

[1] Oil Lease: No. of Wells 1 **

[] Gas Lease: No. of Wells **

SIDE TWO MUST BE COMPLETED

[] Saltwater Disposal Well - Docket No.

Spot Location feet from N/S Line

 feet from E/W Line

[] Enhanced Recovery Project Docket No.

Entire Project: Yes/No

Number of injection wells **

STATE CORPORATION COMMISSION

CONSERVATION DIVISION

130 S. MARKET, ROOM 2078

WICHITA, KS. 67202

Effective Date of Transfer 2-15-1998

Lease Name Stephens B

- C - NE - NW Sec 15 T 31 R 8 W

Legal Description of Lease: NW/4

County Harper

Production Zone(s) Mississippian

Field Name Spivey-Grabs

Injection Zone(s)

Surface Pond Permit #

 Feet from N/S Line of Section

 Feet from E/W Line of Section

Identify: Emergency Pit [] Burn Pit []

Storage Pit []

Past Operator's License No. 31532

Past Operator's Name and Address:

Bison Production Company

9320 E. Central

Wichita, KS 67206

Contact Person: Steven C. Anderson

Phone 316-636-1801

Date April 17, 1998

Title Vice President, Production

Signature

New Operator's License No. 31532

New Operator's Name and Address:

Middle Bay Production Company, Inc.

9320 E. Central

Wichita, KS 67206

Contact Person: Steven C. Anderson

Phone 316-636-1801

Oil/Gas Purchaser Koch/Warren

Date April 17, 1998

Title Vice President, Production

Signature

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit# has been noted, approved and duly recorded in the records of the Kansas Corporation. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

 is acknowledged
as the new operator and may continue to inject
fluids as authorized by Docket #

 is acknowledged as the new
operator of the above named lease containing the
surface pond permitted by #

Date

Authorized Signature

Date

Authorized Signature

MUST BE FILED FOR ALL WELLS

SIDE 2

*LEASE NAME Stephens B, WELL NO	API NO	*LOCATION: C_NE_NW 15-31S-8W	FOOTAGE FROM SEC. LINE (i.e. FSL= feet from south line)	TYPE OF WELL WELLSTATUS (Oil/Gas Inj/W/SW)	(Prod/TAD Abandoned)
(YR DRLD/PRE:67)					
#1B	15-077-21,168	4620	Circle ESD/FNL	3300	Oil/Gas
					Producing

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.