	RECEIVED
REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION	STATE CORPORATION COMMISSIONAS CORP COR
OR TRANSFER OF SURFACE POND PERMIT	130 S. MARKET, ROOM 2078 1998 APR 22 A 11:
**************************************	WICHITA, KS. 67202 Effective Date of Transfer 2-15-1998
Check Applicable Boxes.	Elicente Bate di Manazon = = = = = = = =
[1] Oil Lease: No. of Wells 1 **	Lease Name William A
[] Gas Lease: No. of Wells** **SIDE TWO MUST BE COMPLETED**	C - NW- NW Sec 11 T 31R 8 W
[] Saltwater Disposal Well - Docket No	Legal Description of Lease:
Spot Locationfeet from N/S Line	W/2
feet from E/W Line	County Harper
[] Enhanced Recovery Project Docket No	CountyHarper
Entire Project: Yes/No	
Number of injection wells**	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 []
identity. Emergency Fit [] Burn Fit []	Storage Tit []
**********	*********
Past Operator's License No. 31532	Contact Person: Steven C. Anderson
Past Operator's Name and Address:	Phone 316-636-1801
Bison Production Company	Date April 17, 1998
9320 E. Central	Date
Wichita, KS 67206	
Title Vice President, Production	Signature

New Operator's License No. 31532	Contact Person: Steven C. Anderson Phone 316-636-1801
New Operator's Name and Address	Phone316-636-1801
Middle Bay Production Company, Inc. 9320 E. Central	Oil/Gas Purchaser Koch/Warren
Wichita, KS 67206	Date April 17, 1998
Title Vice President, Production	Signature //w/
************	***********
ACKNOWLEDGEMENT OF TRANSFER: The abo	ove request for transfer of injection authorization,
surface pond permit# has been noted, ap	proved and duly recorded in the records of the Kansas
Corporation. This acknowledgement of transfer per	rtains to Kansas Corporation Commission records only
and does not convey any ownership interest in the a	noove injection well(s) or pond permit.
is acknowledged	is acknowledged as the new
as the new operator and may continue to inject	operator of the above named lease containing the
fluids as authorized by Docket #	surface pond permitted by #
_	B.,
Date	Date Authorized Signature
Authorized Signature	Authorized Digitature

*LEASE NAME William A, WELL NO API NO (YR DRLD/PRE'67)

*LOCATION: C_NW_NW__11-31S-8W FOOTAGE FROM SEC. LINE TYPE (i.e. FSL= feet from south line)

TYPE OF WELL WELLSTATUS (Oil/Gas Inj/WSW)

(Prod/TA'D Abandoned)

Oil/Gas

Producing

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

indicate which section each well is located. *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 #1

11-10-66 . 15-077-30150 4620

CNW NW 4620