REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
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Check Applicable Boxes:	Effective Date of Transfer 2/17/99
[] Oil Lease: No. of Wells **	Lease NameMUIR "A"
[X] Gas Lease: No. of Wells _ 1 ** ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease:
[] Saltwater Disposal Well - Docket No feet from N/S:	ME //
feet from E/W : [] Enhanced Recovery Proj. Docket No Entire project: Yes/No Number of injection wells**	Line
Field Name SPIVEY GRABS	Injection Zone(s)

Surface Pond Permit # (API No. If Drill Pit	Feet from N/S Line of Section Feet from E/W Line of Section
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit
Past Operator's License No. 30602 C	**************************************
Past Operator's Name and Address: P.	none: (316) 262-3413 (316) 721-2401
JOHN M KELLEY 200 EAST FIRST, STE 301 WICHITA KS 67202-2194	ate 2/17/99
Title OWNFR/OPFRATOR S	ignature
New Operator's License No. 32433 C	ontact Person
New Operator's Name and Address P	hone (316) 262-3413 (316) 721-2401
ONSHORE, L.L.C. 200 EAST FIRST, STE 301 WICHITA KS 67202-2194	JN EXPLORATION & PRODUCTION CQLTHRESOURGES CORP: EOTT
	ate2/17/99
Title OWNER/OPERATOR/MANAGER S	ignature
surface pond permit # has been of the Kansas Corporation Commission. This	equest for transfer of injection authorization, noted, approved and duly recorded in the record: acknowledgement of transfer pertains to Kansas not convey any ownership interest in the above
is acknowledged _	is acknowledged as the
	<pre>ew operator of the above named lease containing he surface pond permitted by #</pre>
inject fluids as authorized by Docket # t	STATE COST ALESION
DateD	FEB 1 9 1999
Authorized Signature	Authorized Signature CONSERVATION DIVISION FORM T1 7/94 Wichita, Kansas

MUST BE FILED FOR ALL WELLS

	*LEASE NAME	MUIR "A"	*LOCATION: HARPER CO KS	TYPE OF WELL
	WELL NO.	(YR DRLD/PRE '67)	FSL=Feet from South	
		NE/4 21-31-9W	Circle 1870 FSL/FNL 660	GAS
				-
	*)			

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY