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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

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Check Applicable Boxes:

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

[X] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED **

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

Field Name MCKINNEY

Effective Date of Transfer 02/21/97

Lease Name THEIS GAS UNIT #2

_ - _ - _ - C Sec 34 T 34S R 25 (W)/E

Legal Description of Lease: SE

County CLARK

Production Zone(s) _____

Injection Zone(s) _____

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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 ☐

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Past Operator's License No. 07142

Past Operator's Name and Address:
BLACK DOME ENERGY CORPORATION
1536 COLE BLVD.,S TE 325
GOLDEN CO 80401

Title PRESIDENT

Contact Person: EDGAR J. HUFF

Phone: (303) 231-9059

Date 02/21/97

Signature Edgar J. Huff

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New Operator's License No. 32057

New Operator's Name and Address
MBR RESOURCES, INC.
525 S. MAIN ST., STE 1200
TULSA OK 74103

Title President

Contact Person CLARK MILLSPAUGH

Phone (918)583-0933

Oil/Gas Purchaser GPM GAS CORPORATION

Date 02/21/97

Signature Clark Millspaugh

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

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

Date _____ _____
Authorized Signature

_____ is acknowledged as th
new operator of the above named lease containin
the surface pond permitted by # _____

Date _____ _____
Authorized Signature

Form T1 7/

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME THEIS GAS UNIT #2

*LOCATION: Sec 34-34S-25W, Clark County, Kansas

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)				TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
#2	15-025-10073	1320	Circle FSL/FNL	1320	Circle FEL/FWL	Gas	Prod.
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

...complete side two for

K.C.C. Wichita

Fax:316-337-6211

FEB 21 [illegible]