REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	
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Check Applicable Boxes:	Effective Date of Transfer
[X] Oil Lease: No. of Wells 1 **	Lease Name Ethel Harris
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	SW -SW Sec 10 T 25 R 9 W/XX Legal Description of Lease:
[] Saltwater Disposal Well - Docket No feet from N/S feet from E/W	Line Sw/4 Sw/4
[] Enhanced Recovery Proj. Docket No	County Reno
Entire project: Yes/No Number of injection wells**	Production Zone(s) Missippi
Field Name Langdon	Injection Zone(s)
(API No. If Drill Pi	Feet from N/S Line of Section The section of Section by the section is the section of Section is the section is
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit
************	***********
Past Operator's License No. 30146	Contact Person: Thomas C. Mach
************	Date 3/17/97 Signature 160 C. M
New Operator's Name and Address	Phone 316 792 7607
	Oil/Gas Purchaser N. C. R. A.
Great Bend, KS 67530	Date 3/14/97
Title President ************************************	Signature Jach Status
ACKNOWLEDGEMENT OF TRANSFER: The above r surface pond permit # has been of the Kansas Corporation Commission. Thi	request for transfer of injection authorization, noted, approved and duly recorded in the records acknowledgement of transfer pertains to Kansas as not convey any ownership interest in the above
inject fluids as authorized by Docket # Recommended action	is acknowledged as the new operator of the above named lease containing the surface pond permitted by #
Authorized Signature	Authorized Signature