REQUEST FOR CHANGE OF OPERATOR TRANSFER'OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078		
**********	WICHITA, KANSAS 67202		
Check Applicable Boxes:	Effective Date of Transfer 4/1/96		
[X] Oil Lease: No. of Wells 1 **	Lease Name HANSEN		
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease: SE/4		
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S feet from E/W	S Line		
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	CountyLane		
Number of injection wells**	Production Zone(s) LKC		
Field Name	Injection Zone(s)		
Surface Pond Permit # (API No. If Drill P:	Feet from N/S Line of Section		
(API NO. IF DEILI P	it) Feet from E/W Line of Section		
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit Drill Pit		
**********	*********		
Past Operator's License No. 30535	Contact Person: Willis E. Hartman		
Past operator's name and address:	Phone: (316) 636-2000		
Hartman Oil Co., and Inc.	Phone: (316) 636-2090		
	DateAPRIL 1, 1996		
Wichita, KS 67201 Title SECRETARY/TREASURER	Signature Dry Praus		
***************	**********		
New Operator's License No. 6009	Contact Person N. Lynne Sieverling RECEIVED		
New Operator's Name and Address	Phone 816 531 0202 KANSAS CORPORATION COMMISSION		
Double Eagle Exploration, Inc. 800 W 47th, Suite 318	Oil/Gas Purchaser NCRA		
Kansas City, Mo. 64112	Date April 1, 1996		
Title President	Signature A James Conservation Division		
**************************************	signature / management		
ACKNOW PROFILE OF TRANSPER. The shows	request for transfer of injection authorization,		
surface pond permit # has bee of the Kansas Corporation Commission. Th	n noted, approved and duly recorded in the record is acknowledgement of transfer pertains to Kansas oes not convey any ownership interest in the above		
is acknowledged	is acknowledged as the		
as the new operator and may continue to inject fluids as authorized by Docket #	<pre>new operator of the above named lease containing the surface pond permitted by #</pre>		
Recommended action			
Date	Date		
Authorized Signature	DateAuthorized Signature		
	Form T1 7/94		

MUST BE FILED FOR ALL WELLS

*LEASE NAME	fr	*LOCATION:		
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)
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		FSL/FNL FEL/FWL	·	
-		FSL/FNL FEL/FWL		 .
		PCT / PMT PPT / PMT		•

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.