

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

Check Applicable Boxes:

- Oil Lease: No. of Wells 2 **
- Gas Lease: No. of Wells _____ **
** 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 _____ **

Effective Date of Transfer 4-1-97

Lease Name WILLINGER #1

____ - ____ - ____ Sec 12 T 22S R 12 W

Legal Description of Lease: _____

W/2 NW/4 SE/4 & S/2 SW/4 NE/4

County Stafford

Production Zone(s) Arbuckle / LKC

Field Name Max

Injection Zone(s) _____

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

(API No. If Drill Pit)

_____ Feet from E/W Line of Section

Identify: Emergency Pit _____ Burn Pit _____ Storage Pit _____ Drill Pit _____

✓ Past Operator's License No. 6988

Contact Person: Dale Ohl

Past Operator's name and address:

Phone: (316) 663-6622

Smith Oil Operations
P. O. Box 550
Hutchinson, KS 67504-0550

✓ Date: 3/31/97

Title CONTROLLER

✓ Signature: Dale Ohl

New Operator's License No. 31995

Contact Person: Charles Griffin

New Operator's Name and Address:

Phone: (773) 404-6716

Charles Griffin
2263 N. Janssen
Chicago, IL 60614

Oil/Gas Purchaser N.C.R.A.

Date: _____

Title _____

Signature: Charles Griffin

ACKNOWLEDGMENT 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 records only and does not convey any ownership interest in the above injection well(s) or pond permit.

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

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

Recommended action _____

Date _____

Date _____

Authorized Signature

Authorized Signature

P

MUST BE FILED FOR ALL WELLS

* LEASE NAME Willinges

* LOCATION: SE/4 Sec 12-T22S-R12W

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/W/SW)	WELL STATUS (PROD/TAD ABANDONED)
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<u>1</u>	<u>I cannot find in our records?</u>	<u>2310</u> <u>FSL/FNL</u>	<u>2280</u> <u>FEL/FWL</u>	<u>Oil</u>	<u>Prod</u>
<u>5</u>	<u>15-185-22, 175</u>	<u>1645</u> <u>FSL/FNL</u>	<u>2280</u> <u>FEL/FWL</u>	<u>Oil</u>	<u>Prod</u>
_____	_____	_____ 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

* 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.