J.H

Form T1 7/94

KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION

OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202		
Check Applicable Boxes:	Effective Date of Transfer05-01-96		
[] Oil Lease: No. of Wells **	Lease NameTHEIS #1-14		
[XX] Gas Lease: No. of Wells 1 ** ** SIDE TWO MUST BE COMPLETED **			
[] Saltwater Disposal Well - Docket No.	Legal Description of Lease:		
Spot Location: feet from N/S	S Line 660'FNL & 660'FWL		
feet from E/W [] Enhanced Recovery Proj. Docket No Entire project: Yes/No	CountyClark		
Number of injection wells**	Production Zone(s) Chester		
Field Name McKinney	Injection Zone(s)		
***********	**************		
Surface Pond Permit # (API No. If Drill Pi	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. 6378	Contact Person:Kathy B. McGuire		
Past Operator's Name and Address:	Phone: (918) 585-3121 RECEIVED		
Hawkins off a das, Inc.	Date 5-15-96		
Tursa, UK /4103	0 4/1/2 / 1 1996		
Title Vice President Operations	Signature Butch houth		
New Operator's License No. 31300	Contact Person Dusty Smith WICHITA KS		
New Operator's Name and Address	Phone (918) 599-8128		
Centrex Operating Company	(918) 399-8128		
P.O. Box 52058 Tulsa, OK 74152-0058	Oil/Gas Purchaser Western Resources, Inc.		
	Date 5/3/96		
Title HUSIOSH	() HA		
	Signature ************************************		
	equest for transfer of injection authorization,		
surface pond permit # has been	noted, approved and duly recorded in the records		
of the Kansas Corporation Commission. This	s acknowledgement of transfer pertains to Kansas		
injection well(s) or pond permit.	es not convey any ownership interest in the above		
is acknowledged	is acknowledged as the		
	new operator of the above named lease containing the surface pond permitted by # .		
. Recommended action	carrace point permitted by #		
Date	Date		
Authorized Signature	Authorized Signature		

REQUEST FOR CHANGE OF OPERATOR

TRANSFER OF INJECTION AUTHORIZATION

MUST BE FILED FOR ALL WELLS

AT DAGD MAKE	Their #1 14			11 //34
*LEASE NAME	Theis #1-14	*LOCATION: Sec. 14-35S-25W		
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 STATUŚ (PROD/TA'D ABANDONED)
1-14	15-025-20.365	Circle Circle 660' FSL FNL 660 FEL FWL	Gas	Producing
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		
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		FSL/FNLFEL/FWL		
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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 cast in the second second