REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078			
**********	WICHITA, KANSAS_67202 050196_Vogts.pdf			
Check Applicable Boxes:	Effective Date of Transfer _5/1/96			
[] Oil Lease: No. of Wells **	Lease Name VOGTS			
[X] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	<u>C - NW- NE-</u> Sec 9 T 20S R 1 W/Z			
[] Saltwater Disposal Well - Docket No.	Legal Description of Lease: NE/4			
Spot Location: feet from N/S Li feet from E/W Li	ne SEC.9 T20S R1W			
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County McPherson Production Zone(s) Mississippian			
Number of injection wells**				
Field Name	Injection Zone(s)			
Surface Bond Downit &	No. 4 from N/P Time of Continu			
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 D			

Past Operator's License No. 5276 Con	stact Person: <u>Alice M. Jones</u>			
Past Operator's Name and Address Pho	no. 216-628-7707			
Eal Jones Box 5 banton Title Open. 9667428 sig	e6/19/96			
Title	mature _ alice m. Jones trustee			
**********	******			
New Operator's License No. 5172 Con	ntact Person Roger A. Schulz			
New Operator's Name and Address RECEIVED Pho	one (316) 628-4431			
New Operator's License No. 5172 Con New Operator's Name and Address RECEIVED Pho Schulz Oil & Gas, Inc. P.O. Box 273 Canton, Ks. 67428-0273 Conservation Dat Wichita Kansas ACKNOWLEDGEMENT OF TRANSFER: The above required.	MGas Purchaser Mac County Gas, Inc.			
Canton, Ks. 67428-0273	e8/23/96			
WICHERIA	0/25/70			
Title President President RANSAS	gnature Royal Schaff			
**************************************	****************			
	TO CLUSTER OF INTERCED AUCTOR AUCTOLIZACION			
surface pond permit # has been no	oted, approved and duly recorded in the record			
or the Kansas Corporation Commission. This a	icknowledgement 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	is acknowledged as th			
as the new operator and may continue to new	operator of the above named lease containing			
inject fluids as authorized by Docket # the	surface pond permitted by #			
DateDate	- 0			
Authorized Signature				
!	Authorized Signature			
1	Porm T1 7/5			
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			MUST BE	FIRD FOR ABL	· ·		
*LEASE NAME	VOGTS #1	*LOCATION: MCPHERSON COUNTY, KS.				TYPE OF WELL	WELL STATUS
well no.	API NO. (YR DRLD/PRE '67)		FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)			(OIL/GAS INJ/WSW)	(PROD/TAID ABANDONED)
1	15-113-20466		660	Circle FSL/FNL 1980	Circle FELYFWL	GAS F	PROD
		•		FSL/FNL	FEL/FWL	<u> </u>	
				FSL/FNL	FEL/FWL		*
				FSL/FNL	FEL/FWL		, ,
		, <u> </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		

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.