Form T1 7/94

KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION

OR TRANSFER OF SURFACE POND PERMIT	
*********	WICHITA, KANSAS 67202
Check Applicable Boxes:	Effective Date of Transfer05-01-96
[ ] Oil Lease: No. of Wells **	Lease Name WELLS #1-28
[XX] Gas Lease: No. of Wells 1 **  ** SIDE TWO MUST BE COMPLETED **	C - NW Sec 28 T 34S R 25 W E
[ ] Saltwater Disposal Well - Docket No.  Spot Location: feet from N feet from E	/S Line 1320'FNL & 1320'FWL
[ ] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County Clark
Number of injection wells**	
Field Name McKinney	Injection Zone(s)
그 그 없는 사람이 많은 사람이 되었다면 하셨다는 것이 어느 바람이 사람이 사람이 가게 되었다면 살아야 하셨다면 하셨다면 하는데 그 사람이 되었다.	
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
***********	************
Past Operator's License No. 6378	Contact Person:Kathy B. McGuire
Past Operator's Name and Address: Hawkins Oil & Gas, Inc. 400 So. Boston, Suite 800	Phone: (918) 585-3121 PEGENATION COMMASSION  Date 5-15-96  KANSAS CORPORATION COMMASSION
Tulsa, OK 74103  Title Vice President Operations	Signature Bald hit HAY 20 1996
***************	*****************
New Operator's License No. 31300	WICHITA KS
New Operator's Name and Address Centrex Operating Company	Phone (918) 599-8128
P.O. Box 52058 Tulsa, OK 74152-0058	Oil/Gas Purchaser Western Resources, Inc.
	Date
Title	Signature
*************	***********
ACKNOWLEDGEMENT OF TRANSFER: The above surface pond permit # has been has been has been has been had b	request for transfer of injection authorization,
	en noted, approved and duly recorded in the records
Corporation Commission records only and de	is acknowledgement of transfer pertains to Kansas oes not convey any ownership interest in the above
injection well(s) or pond permit.	out not convey any ownership interest in the above
is acknowledged	is acknowledged as the
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 #
Recommended action	
Date	Date
Authorized Signature	Authorized Signature

REQUEST FOR CHANGE OF OPERATOR

TRANSFER OF INJECTION AUTHORIZATION

## MUST BE FILED FOR ALL WELLS

				11 //94
*LEASE NAME	Wells #1-28	*LOCATION: Sec. 28-34S-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 STATUS (PROD/TA'D ABANDONED)
1-28	15-025-20.489	Circle Circle  1320' FSL FNL 1320' FEL FWL  FSL/FNL FEL/FWL	Gas	Producing
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL 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 to lease covers more than one lease please file a separate side two for