

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:

[X] Oil Lease: No. of Wells 2 **
[] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

Effective Date of Transfer May 1, 1999

Lease Name HERNDON
_____ - _____ - _____ Sec 36 T30S R12 W

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

Legal Description of Lease: SW/4

[] Enhanced Recovery Proj. Docket No _____
Entire Project: Yes/No
Number of Injection Wells _____ **

County BARBER

Production Zone(s) MISSISSIPPI

Field Name _____

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. 05002 ✓
Past Operator's name and address: Exp 6/30/99
George R. Jones, Inc.
200 E. 1st #100
Wichita, KS 67202-2111

Contact Person: Cindy Jones
Phone: (316) 262-5503
Date: May 1, 1999

JUN 23 1999

Title President

Signature: [Signature]
CONSERVATION DIVISION
WICHITA, KS

New Operator's License No. 30481 ✓
New Operator's Name and Address:

Contact Person: Sue Byers
Phone: 316/532-2390
Oil/Gas Purchaser NCRA
Date: 6/10/99



Title VP-Operations

Signature: [Signature]

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 # _____
Recommended action _____

Date _____

Authorized Signature

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

Date _____

Authorized Signature Form T1 7/94

