KANSAS CORPORATION COMMISSION REQUEST FOR CHANGE OF OPERATOR CONSERVATION DIVISION TRANSFER OF INJECTION AUTHORIZATION 130 S MARKET, ROOM 2078 OR TRANSFER OF SURFACE POND PERMIT WICHITA, KANSAS 67202 STATE CORRORATION COMMISSION Effective Date of Transfer May 30, 1998 Check Applicable Boxes: Lease Name FERRIN JUL 0 6 1998 Oil Lease: No. of Wells - Sec 22 T 3 R 1 / 1 / 1/2 CONSERVATION DIVISION Gas Lease: No. of Wells Wichita, Kansas ** SIDE TWO MUST BE COMPLETED ** Legal Description of Lease: [] 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 Production Zone(s)[Y] SSISSIPPIQ Number of injection wells ** Injection Zone(s) Feet from N/S Line of Section Surface Pond Permit # Feet from E/W Line of Section (API No. If Drill Pit) Storage Pit Burn Pit Identify: Emergency Pit Past Operator's License No. -09012 5447 Contact Person: Dean Athens Phone: (918) 561-3577 Past Operator's Name and Address: Oxy USA Inc. May 28, 1998 P.O. Box 300 Tulsa, OK 74102-0300 Title Attorney-in-Fact Signature Title Attorney-in-Fact New Operator's License No. 12420 4548 Contact Person Clark Southmayd (918) 588-7759· Phone New Operator's Name and Address Oil/Gas Purchaser TrideH-KGS Oneok Resources Company 100 W. 5th Street Tulsa, OK 74103-4298 May 28, 1998 Title Manager - Operations & Engineering Signature ACKNOWLEDGEMENT 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. This acknowledgement of transfer pertains to 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 is acknowledged

inject fluids as authorized by Docket # | the surface pond permitted by #_____

as the new operator and may continue to

. Recommended action

Authorized Signature

EPR

Form T1 7/94

new operator of the above named lease containing

Authorized Signature

45															4	WELL NO.	*LEASE NAME
															15-033-20805	API NO. (YR DRLD/PRE '67)	Ferrin 2
FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	5180 Circle Superior Circle	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: 22 -315-17W												
															GAS	TYPE OF WELL (OIL/GAS INJ/WSW)	
															Prod	WELL STATUS (PROD/TA'D ABANDONED)	

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.