

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:

Effective Date of Transfer 06/01/96

[X] Oil Lease: No. of Wells 1 **
[] Gas Lease: No. of Wells _____ **
SIDE TWO MUST BE COMPLETED **

Lease Name Helm
SW - NW - NE - _____ Sec 7 T 27S R 9W **

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

Legal Description of Lease: _____
E/2 NE/4

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No _____
Number of injection wells _____ **

County Kingman

Production Zone(s) Mississippi

Field Name Dresden Extension

Injection Zone(s) _____

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. 30815

Contact Person: Todd Seymour

Past Operator's Name and Address:
Cedarford Enterprises, Inc.
PO Box 782677
Wichita, Kansas 67278-2677
Title President

Phone: 316-733-8001

Date: 6-1-96

Signature Todd Seymour

New Operator's License No. 30931

Contact Person Charles Schmidt

New Operator's Name and Address:
Daystar Petroleum, Inc.
1321 W. 93rd N.
Valley Center, KS 67147-9136

Phone 316-265-3565

Oil/Gas Purchaser Koch

Date 6-1-96

Signature Charles Schmidt

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KANSAS CORPORATION COMMISSION
JUL 22 1996
CONSERVATION DIVISION
WICHITA, KS

Title President

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records 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 new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

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

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

P

MUST BE FILED FOR ALL WELLS

T1 7/94



*LEASE NAME	Helm	*LOCATION: SW-NW-NE	FOOTAGE FROM SECTION LINE (i.e. FSL=feet from South Line)	Circle FSL/FNL	Circle FEL/FWL	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1	15-095-21,672	4290	2310	FSL/FNL	FEL/FWL	Oil	Producing
				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		
				FSL/FNL	FEL/FWL		
				FSL/FNL	FEL/FWL		
				FSL/FNL	FEL/FWL		
				FSL/FNL	FEL/FWL		
				FSL/FNL	FEL/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 section please indicate which section each well is located.