REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE PON PERMIT	CONSERVATION DIVISION 130 S MARK , ROOM 2078 WICHITA, KANSAS 67202
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Check Applicable Boxes:	Effective Date of Transfer 6/1/97
[W Oil Lease: No. of Wells **	Lease Name E. Fischer
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	N2 - N2 - SE4- Sec 36 T 21 R 13 W/XX
	Legal Description of Lease: North Half
Spot Location: feet from N/S Line	of North Half of Southeast Quarter of Section
feet from E/W Line	Thirty-six, Township Twenty-one, Range Thirteen County Stafford
[] Enhanced Recovery Proj. Docket No	
Entire project: Yes/No Number of injection wells**	Production Zone(s)ARBVCKLE, LKC
Field Name MUCILON	Injection Zone(s)
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Surface Pond Permit # (API No. If Drill Pit)	Feet from N/S Line of Section Feet from E/W Line of Section
	Storage Pit Drill Pit
Identify: Emergency Pit Burn Pit	Storage PIC. — DIIII III
有有效的有效的现在分词	
Past Operator's License No. 04940 Contact Person: Sam Jahay	
Past Operator's Name and Address: Phone:	(316) 564-2966
S.J. Oil Co.	6/20/97
Route 2 Box 64	0/20/9/
Ellinwood, KS 67526 Title Owner + Operator S. J. oil Co. Signat	ture Samm Jakan

New Operator's License No. 31430 Contact	ct Person Mike Janeczko
New Operator's Name and Address Phone	
White Eagle Resources Corp. 881 West Chestnut Circle Oil/G	as Purchaser Koch Oil Company
Louisville, CO 80027	6/19/97
)(·)	M. V. K.
Title VICO Mondell Signa	ture Must wall 700
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	is acknowledged as the
as the new operator and may continue to new o	operator of the above named lease containing
inject fluids as authorized by Docket # the s	surface pond permitted by #
Recommended action	The all me
	of the state of th
Date	
Authorized Signature	Authorized Signature Form T1 7/94