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
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Check Applicable Boxes:	Effective Date of Transfer 6-1-98
[] Oil Lease: No. of Wells	Lease Name Trailock CIGX)
[V] Gas Lease: No. of Wells Wichita, Kansa	VISION Sec 3.1 T325 R28 W/E
	Legal Description of Lease:
[] Saltwater Disposal Well - Docket No.	
Spot Location: feet from N/S :	Line 58/4 NW/4
feet from E/W :	Line
[] Enhanced Recovery Proj. Docket No	CountyMeade
Entire project: Yes/No	
Number of injection wells**	Production Zone(s) Morrowan
Field Name Borchers N.W	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	_
************	**********
Past Operator's License No. 30157 c	ontact Person:
Past Operator's Name and Address: P	hone: (713) 951-1430
DRG Petroleum, Inc.	
7134 S. Vale, Suite 600	ate6/8/98
14136, OK 74136	
Title <u>Manager</u> s	ignature to Kersh
· · · · · · · · · · · · · · · · · · ·	*********
New Operator's License No. 32311 C	ontact Person Jeanie McMillan
New Operator's Name and Address P	hone (713) 752-5296
Decoult Engrave & The	
1001 Fannin, Suite 1700	il Gas Purchaser GED Energy Service, Inc.
Harel -1 77000	3
	6-5-98
Title Regulatory Supervisor s	ignature Slanie Me Millan
*************************************	********
ACKNOWLEDGEMENT OF TRANSFER: The above re	quest for transfer of injection authorization,
	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 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 Authorized Signature

Authorized Signature

															1-36	WELL NO.	*LEASE NAME
															15-119-20794	API NO. (YR DRLD/PRE '67).	Hallock
FSL/FNL	23/0 CIrole 4290	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: Sec31 325 28W														
FEL/FWL		FELL FWL. Cas	TYPE OF WELL (OIL/GAS INJ/WSW)	<u>&</u> ₩													
															Drackine	WELL STATU (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