OR TRANSFER OF SURFACE POND PERMIT 200 COLORADO DERBY BLDG. WICHITA, KANSAS 67202 ************** Effective Date of Transfer __6/30/95___ Check Applicable Boxes: Lease Name _COBB NO. 1 UNIT WELL #3___ [] Oil Lease: No. of Wells _____ _-_-NE Sec._8__ T__33__S.R_36__(W)E [X] Gas Lease: No. of Wells 1 Legal Description of Lease: _____ [] Saltwater Disposal Well - Docket No. ALL OF SECTION 8-33S-36W Spot Location: _____ feet from N/S Line feet from E/W Line County STEVENS [] Enhanced Recovery Project Docket No. _____ Entire project: Yes/No Number of injection wells _____ Production Zone(s) MORROW Field Name WALKEMEYER NW Injection Zone(s) ****************************** _____ Feet from N/S Line of Section Surface Pond Permit # ____N/A____ Feet from E/W Line of Section Identify: Emergency Pit Burn Pit Storage Pit List API#'s on all post-1967 wells transferred with lease: 15/89205/4 ****************************** Past Operator's License No. ___5208 Contact Person: Rae Kelly Past Operator's Name and Address: Phone: _____(316)626-1160_____ Mobil Oil Corporation P.O. Box 2173 Date _____6/30/95 Liberal, KS 67905 Title Regulatory Tech. New Operator's License No. _3871_____ Contact Person EARL RINGEISEN Phone _____(316)262-1522 STATE CORPORATION COMMISSION New Operator's Name and Address HUGOTON ENERGY CORPORATION 301 N. MAIN, SUITE 1900 WICHITA, KS 67202 6/30/95 Date 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 of the above named lease containing the surface pond permitted by #_____. is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # . Recommended action

Date _

REQUEST FOR CHANGE OF OPERATOR

Date _____ Authorized Signature

TRANSFER OF INJECTION AUTHORIZATION CONSERVATION DIVISION

KANSAS CORPORATION COMMISSION



Form T1 10/91

Authorized Signature