OR TRANSFER OF SURFACE POND PERMIT 200 COLORADO DERBY BLDG. WICHITA, KANSAS 67202 ************* Effective Date of Transfer 6/30/95 Check Applicable Boxes: [] Oil Lease: No. of Wells Lease Name WALKEMEYER NO.1-35UNIT WELL#1 -NE-SW Sec. 35 T 33 S. R 36 (W/E [X] Gas Lease: No. of Wells 1 Legal Description of Lease: _____ [] Saltwater Disposal Well - Docket No. Spot Location: _____ feet from N/S Line ALL OF SECTION 35-33S-36W 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 Injection Zone(s) ***************************** Surface Pond Permit # ____N/A____ _____ Feet from N/S Line of Section 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: _____15/89 Drilled '59 ************************* 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 Signature Title Regulatory Tech. New Operator's License No. _3871_____ New Operator's Name and Address HUGOTON ENERGY CORPORATION Oil/Gas Purchaser 301 N. MAIN, SUITE 1900 WICHITA, KS 67202 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. _____ _____ new operator of the above named lease containing is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # the surface pond permitted by # Recommended action

Date _

KANSAS CORPORATION COMMISSION

REQUEST FOR CHANGE OF OPERATOR

Date _____Authorized Signature

TRANSFER OF INJECTION AUTHORIZATION CONSERVATION DIVISION



Form T1 10/91

Authorized Signature