

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 SOUTH MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes

Effective Date Of Transfer 6/30/98

[X] Oil Lease: No. of Wells 1

Lease Name Carrick AR

[] Gas Lease: No. of Wells _____

_____-SW-NE-NE Sec 28-T30S-R8W

[] Saltwater Disposal Well

Legal Description of Lease NE/4 Section 28

Docket Number _____

Spot Location: _____ feet from N/S Line

County Kingman

_____ feet from E/W Line

Production Zones Mississippi Chat

[] Enhanced Recovery Proj.

Docket Number _____

Injection Zones _____

Entire Project: YES/NO

Number of Injection Wells _____

Field Name Spivey Grabs

Surface Pond Permit # _____
(API# 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. 5615 ✓

Contact Person: Scott M. Webb

Past Operator's Name and Address:

UMC Petroleum Corporation

410 17th Street, Suite 1400

Denver, Colorado 80202

Title Regulatory Coordinator

Phone: (303) 573-5100

Date 9/25/98

Signature 

New Operator's License No. 5615 ✓

Contact Person Scott M. Webb

New Operator's Name and Address

Ocean Energy Resources, Inc.

410 17th Street, Suite 1400

Denver, Colorado 80202

Phone (303) 573-5100

Oil/Gas Purchaser Western Resources

Date 9/25/98

Signature 

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

MUST BE FILED FOR ALL WELLS

*Lease Name Carrick AR *Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line		Type Of Well	Status
1	12/23/56 15-095-00645	990' FNL	990' FEL	OIL	PROD.

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