

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 2

Lease Name Schuman

[] Gas Lease: No. of Wells _____

____-____-____ Sec 20-T30S-R7W

[] Saltwater Disposal Well

Legal Description of Lease

Docket Number _____

NW/4 & W/2 NE/4 Section 20

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 # _____

_____ Feet from N/S Line of Section

(API# if Drill Pit)

_____ 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:

Phone: (303) 573-5100

UMC Petroleum Corporation

Date 9/25/98

410 17th Street, Suite 1400

Denver, Colorado 80202

Signature _____

Title Regulatory Coordinator

New Operator's License No. 5615 ✓

Contact Person Scott M. Webb

New Operator's Name and Address

Phone (303) 573-5100

Ocean Energy Resources, Inc.

Oil/Gas Purchaser Texaco Trading and Trans.

410 17th Street, Suite 1400

Date 9/25/98

Denver, Colorado 80202

Title Regulatory Coordinator

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

C Form T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name Schuman

*Location Kingman County

Well #	API#/ Year Drilled, Footage From Section Line Pre 67	Type Of Well	Status
1	12/23/55 15-095-00094 330' FWL 2310' FNL	OIL	PROD.
3	11/9/56 15-095-00860 1690' FWL 2310' FNL	OIL	PROD.

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