

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 W Russell

[] Gas Lease: No. of Wells _____

____-____-____ Sec 36 T30S R 7 W

[] Saltwater Disposal Well

Legal Description of Lease _____

Docket Number _____

Spot Location: _____ feet from N/S Line

County Kingman

_____ feet from E/W Line

Production Zones

Mississippi Chert (Chat)

[] Enhanced Recovery Proj.

Injection Zones _____

Docket Number _____

Entire Project: YES/NO

Number of Injection Wells _____

Field Name _____

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

Phone: (303) 573-5100

Date 9/25/98

Title Regulatory Coordinator

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 Total Petroleum/Trident

Date 9/25/98

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

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*Lease Name W Russell

*Location Kingman County

Well #	API#/ Year Drilled, Pre 67	Footage From Section Line		Type Of Well	Status
1	15-095-30027 ✓	1980' FSL ^{FWL}	660' FSL ^{FWL}	OIL	Prod.
2	15-095-21383 ✓	760' FSL	560' FWL	OIL	Prod.

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