	해가 있는 것이 있는 것이 없는 것이었다면 없는 것이었다면 없는 것이 없는 것이었다면 없었다면 없어요. 없어 없다면 없어 없어 없어 없어 없어 없어 없었다면 없어 없었다면 없어 없었다면 없어 없었다면 없어 없다면 없어
REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	구도 수입하다는 사람들은 그는 프로마 (1970년 1970년) 전에 가장하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
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Check Applicable Boxes:	Effective Date of Transfer 7/1/95
[X] Oil Lease: No. of Wells **	Lease Name RORG
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease: THE EAST
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S	S Line HALF OF THE NORTHWEST QUARTER
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County SALINE
Number of injection wells**	Production Zone(s) MAQUOKETA DOL.
Field Name SALEMSBORG	Injection Zone(s)
Surface Pond Permit # (API No. If Drill P Identify: Emergency Pit Burn Pit	Feet from N/S Line of Section it) Feet from E/W Line of Section
Identity: Emergency Fit — Burn Fit	

Past Operator's License No. 31475	Contact Person: MARK CASFBEER
Past Operator's Name and Address: MARK S. CASEBEER	Phone: 913-227-2886
	Date 7/11/95
LINDSBORG, KS 67456 Title OWNER	Signature Man Casebear
**********	***********
New Operator's License No. 31478	Contact Person DON SIMS
New Operator's Name and Address DON SIMS OIL	Phone 913-667-3291
108 N.MAIN	Oil/Gas Purchaser NCRA
BRIDGEPORT KS 674 16	Date 7-12-95
Title OWNER	Date 7-12-95 Signature Don Lims
*****************	51gnature
surface pond permit # has been not the Kansas Corporation Commission. The	request for transfer of injection authorization, en noted, approved and duly recorded in the recordais acknowledgement of transfer pertains to Kansasoes not convey any ownership interest in the above
is acknowledged as the new operator and may continue to	
inject fluids as authorized by Docket #	
Recommended action	JUI _ TON COM
	GONSES 7 1900
Date Authorized Signature	DateAuthorized Signature
Authorized Signature	Authorized Signature Form T1 7/94
	Production of the state of the

MUST BE FILED FOR ALL WELLS

*LEASE NAME		*LOCATION:			
WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)		TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
		Circle FSL/FNL	Circle FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u></u>	
	<u> </u>	FSL/FNL	FEL/FWL	<u> </u>	
- 1 j		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	7	
		FSL/FNL	FEL/FWL		,-

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.