REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有	***
Check Applicable Boxes:	Effective Date of Transfer 7-1-95
[X] Oil Lease: No. of Wells 1 **	Lease Name Johnson
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease: SE/4
[] Saltwater Disposal Well - Docket No feet from N/S feet from E/W	Line Sec. 17 218 35W
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No Number of injection wells **	County
Field Name	Injection Zone(s)
Surface Pond Permit # (API No. If Drill Pit Identify: Emergency Pit Burn Pit	Feet from N/S Line of Section Feet from E/W Line of Section
· 食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食食	· · · · · · · · · · · · · · · · · · ·
Past Operator's License No. 6234	
Past Operator's Name and Address: Petroleum Production Management, Inc. 7101 College Blvd., Suite 330 Overland Park, KS 66210	Phone: (913) 469-8118 Date 8-1-95 Signature Author 7 1995
Title Vice President	signature
New Operator's License No. 31714	Contact Person Frank E. Novy CONSTITUTION DIVISION CONSTITUTION DIVISION
New Operator's Name and Address Novy 0il & Gas, Inc.	Phone (316) 265-4651 Texaco
209 E. William, Suite 200 Wichita, KS 67202	Date 8-1-95
	I OS November
Title President	Signature washing and an analysis and an analy
surface pond permit # has been of the Kansas Corporation Commission. This Corporation Commission records only and do injection well(s) or pond permit. is acknowledged as the new operator and may continue to	request for transfer of injection authorization, in noted, approved and duly recorded in the records acknowledgement of transfer pertains to Kansas es not convey any ownership interest in the above is acknowledged as the new operator of the above named lease containing the surface pond permitted by #
inject fluids as authorized by Docket # Recommended action	the surface bond berminess -1 "
Date	Date
Authorized Signature	Authorized Signature Form T1 7/94

MUST BE FILED FOR ALL WELLS

																*LEASE NAME Joh API WELL NO. (YR
4															NONE	Johnson API NO. (YR DRLD/PRE '67)
															660	*LOCATION: FOOTAGE FRO
FSL/FNL	Circle FSD/FNL 660	SE SE Sec.														
FEL/FWL	Circle FEL/FWL	19-21S-35W LINE buth Line)														
															011	TYPE OF WELL (OIL/GAS INJ/WSW)
															Prod.	WELL STATUS (PROD/TA'D ABANDONED)

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