

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

Check Applicable Boxes:

- (X) Water Supply Well 1
- [X] Oil Lease: No. of Wells 5 **
- [] Gas Lease: No. of Wells _____ **
- ** SIDE TWO MUST BE COMPLETED **
- [] Saltwater Disposal Well - Docket No. _____
- Spot Location: _____ feet from N/S Line
- _____ feet from E/W Line
- [X] Enhanced Recovery Proj. Docket No E-26,993
- Entire project: Yes ~~NO~~
- Number of injection wells 6 **

Effective Date of Transfer 7/1/98

Lease Name Mohler Unit
19+30+31 33 28
_____ Sec 24 T 23 R 29 W/E

Legal Description of Lease: See
attached map of unit.

County Meade

Production Zone(s) Morrow

Injection Zone(s) Morrow

Field Name Mohler

Surface Pond Permit # _____
(API No. 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. 04570 Contact Person: Debbie Kerr

Past Operator's Name and Address: Phone: (405) 475-2000

Samedan Oil Corporation
9400 N. Broadway, Suite 700
Oklahoma City, Oklahoma 73114
Date June 29, 1998

Title Regulatory Clerk III Signature Debbie Kerr

New Operator's License No. 32158 Contact Person Al Hammersmith

New Operator's Name and Address Phone: (316) 564-3002

H & B Petroleum Corporation
P. O. Box 536
Clearwater, Kansas 67026
Oil/Gas Purchaser NCRA

CONSERVATION DIVISION
Wichita, Kansas Date 6/30/98

Title President Signature SDB

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 Mohler Unit

*LOCATION: Meade County

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)

Well No.	Sec.	Section	Footage	Section Line	Section Line	Type of Well	Well Status
1	Sec. 24-33S-29W	None assigned (1958)	330	Circle FSD/XXXX	Circle FEL/XXXX	Inj.	Active
2	Sec. 19-33S-28W	None assigned (1958)	330	FSD/XXXX	FEL/XXXX	Inj.	Active
3	Sec. 30-33S-28W	15-119-20408/	660	FSD/XXXX	FEL/XXXX	Oil	Active
4	Sec. 30-33S-28W	15-119-20425/	660	XXXX FNL	FEL/XXXX	Oil	Active
5	Sec. 30-33S-28W	15-119-20384	2310	XXXX FNL	FEL/XXXX	Inj.	Active
6	Sec. 30-33S-28W	15-119-20332	2310	XXXX FNL	FEL/XXXX	Inj.	Active
7	Sec. 30-33S-28W	15-119-20829	2247	XXXX FNL	FEL/XXXX	Inj.	Active
9	Sec. 30-33S-28W	15-119-20427/	2190	XXXX FNL	FEL/XXXX	Oil	TA
10	Sec. 30-33S-28W	15-119-20805/	2405	FSL/XXXX	FEL/XXXX	Oil	Active
14	Sec. 30-33S-28W	15-119-20309	1320	FSL/XXXX	FEL/XXXX	Inj.	Active
15	Sec. 31-33S-28W	15-119-20653/	4620	FSL/XXXX	FEL/XXXX	Oil	Active
MSW #1	None assigned (1958)		330	XXXX FNL	XXXX FEL/FWL	WSW	Active
				FSL/FNL	FEL/FWL		
				FSL/FNL	FEL/FWL		
				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 more than one location please indicate which location each well is located.