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:	Effective Date of Transfer 07-01-99		
[] Oil Lease: No. of Wells	2: Lease Name Klinger #2-12		
[X] Gas Lease: No. of Wells 1 **	C -E/2-SE - NW Sec 12 T 34S R 25W W/E		
** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease:		
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S Limited from E/W Limited from E	ne 1980' FNL & 2310' FWL		
[] Enhanced Recovery Proj. Docket No	County Clark		
Entire project: Yes/No Number of injection wells**			
Field Name McKinney	Injection Zone(s)		
Surface Pond Permit # (API No. If Drill Pit) Identify: Emergency Pit Burn Pit			
**********	を含ませるではないでは、 D. Cmith		
Past Operator a minute of the state of the s	ntact Person: Philip B. Smith		
Past Operator's Name and Address: Pho	one: (918) 587-5815		
	te 8/26/99		
Tulsa, OK 74103 Title Vice President Si	gnature Buly B Anti		
***********	ntact Person Monica L. Griffin		
	(010) 502 5522		
New Operator 5	one (918) 382-3332		
Prize Operating Company 3500 William D. Tate, Suite 200 Grapevine, TX 76051	1/Gas Purchaser Duke ENERGY FIELD SERVICES		
Da	8/26/99 1100000 11000		
Compand Cogratary	ignature / / / / / / / / / / / / / / / / / / /		

Title Corporate Secretary Signature MMA Analysis of injection authorization,

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # has been noted, approved and duly recorded in the recorded to 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.

Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

is acknowledged ______ is acknowledged as the as the new operator and may continue to new operator of the above named lease containing

as the new operator and may continue to inject fluids as authorized by Docket # the surface pond permitted by #________. Recommended action _________

Date _____Authorized Signature

Form T1 7/94

Authorized Signature

MUST BE FILED FOR ALL WELLS

2			10 010 054		4.
*LEASE NAME	Klinger #2-12	*LOCATION: Sec. 12-34S-25W			WELL STATUS
WELL NO.	API NO. (YR DRLD/PRE '67) ·	FOOTAGE FROM SECT (i.e. FSL=Feet from	ION LINE om South Line)	TYPE OF WELL (OIL/GAS INJ/WSW)	(PROD/TA'D ABANDONED)
<u>#2-12</u>	15-025-20,421		Circle FEL/FWL FEL/FWL	Gas	Prd.
			FEL/FWL		
			FEL/FWL	Ž <u>.</u>	
			FEL/FWL	1995 x	
			FEL/FWL		
			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