REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATIO OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
V	
Check Applicable Boxes:	Effective Date of Transfer 7-21-95
[] Oil Lease: No. of Wells 1 **	Lease Name Doris Karber
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	$S - \frac{1}{2} - SW - \frac{1}{4} \sec 29$ T 16s R 1W W/E
Spot Location:	S Line Southwest Ouarter (S/2 of SW/A)
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County Saline
Number of injection wells **	Production Zone(s) Mississippi
Field Name	Injection Zone(s)
· 中央安全市大学大学大学工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作	************
Surface Pond Permit #	Feet from N/S Line of Section
(API No. If Drill P	Feet from E/W Line of Section
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit S
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Past Operator's License No. 0612	Contact Person: Frances Melland
Past Operator's Name and Address:	Phone: Frances Meliand STATE CORPORATION COMMISSION
Melland Drilling Co., Inc. Mills Bldg. Suite 202	Date 8-11-95 AUG 1 7 1995
McPherson, Ks 67460	Signature CONCERNATION AND ADDRESS OF THE PROPERTY OF THE PROP
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New Operator's License No. 6819	Contact Person Jay Scott
New Operator's Name and Address	Phone (913) 254 7828 E CORPORATION COMMISSION
Scott's Well Service P.O. Box 136	Oil/Gas Purchaser NCRA AUG 1 1995
Roxbury, Ks. 67476	Date 8-11-95
m: +1-	With all a state of the
Title partner	Signature Day Scott
ACKNOWLEDGEMENT OF TRANSFER: The above surface pond permit # has been of the Kansas Corporation Commission. The above has been accordance to the Kansas Corporation Commission.	request for transfer of injection authorization on noted, approved and duly recorded in the recording acknowledgement of transfer pertains to Kansapes not convey any ownership interest in the above
is acknowledged as the new operator and may continue to inject fluids as authorized by Docket #	is acknowledged as the new operator of the above named lease containing the surface pond permitted by #
Date	Date
Authorized Signature	Authorized Signature