

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 JULY 29, 1998

Oil Lease: No. of Wells 2 **

Lease Name LUCY WALTERS

Gas Lease: No. of Wells _____ **

_____ - _____ - _____ Sec 20 T 21 R 12 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: S/2-SW/4

Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line _____ feet from E/W Line

Enhanced Recovery Proj. Docket No _____ County STAFORD

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) LANSING

Field Name MUELLER

Injection Zone(s) _____

Surface Pond Permit # _____ Feet from N/S Line of Section

(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit Burn Pit Storage Pit Drill Pit

Past Operator's License No. 3134 Contact Person: TERRY E. MORRIS

Past Operator's Name and Address: Phone: 785-483-2123

G L M COMPANY

P.O. BOX 193

RUSSELL, KANSAS 67665

Date JULY 29, 1998

Title PARTNER Signature Terry E. Morris

New Operator's License No. 32017 Contact Person STUART MILLER

New Operator's Name and Address Phone 316-257-3744

A B C OIL AND SALVAGE

1542 AVE. F

LYONS, KANSAS 67544

Oil/Gas Purchaser N C R A

Date JULY 29, 1998

Title OWNER Signature Stuart Miller

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 _____

EPR

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME LUCY WALTERS *LOCATION: S/2-SW/4 20-21S-12W

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

WELL STATUS
(PROD/TA'D
ABANDONED)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

API NO.
(YR DRLLD/PRE '67)

WELL NO.

WELL NO.	API NO. (YR DRLLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle FSL/FNL	Circle FEL/FWL	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1	15-185-20,039	330	FSL/FNL	FEL/FWL	OIL	PROD
2	15-185-20,083	330	FSL/FNL	FEL/FWL	OIL	PROD
			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		
			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		
			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 a lease covers more than one section please indicate which section each well is located.