REQUEST FOR CHANGE OF OPERATOR IRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202			

Check Applicable Boxes:	Effective Date of Transfer 8/1/95			
[] Oil Lease: No. of Wells **	Lease Name Dowdy, 0 F 7			
Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	SE -NW-NW- sec 31 T 34S R 34W W Legal Description of Lease:			
[] Saltwater Disposal Well - Docket No feet from N/S feet from E/W	Line ALL 31 345 34W			
[] Enhanced Recovery Proj. Docket No	County Seward			
Entire project: Yes/No Number of injection wells**	Production Zone(s)			
Field Name	Injection Zone(s)			
**************************************	Feet from N/S Line of Sect:			
(API No. If Drill Pi				
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit 5			
*************	**************************************			
Past Operator's License No. 25090				
Past Operator's Name and Address: Santa Fe Minerals, Inc. 5420 LBJ Freeway, Suite 1100 Dallas, Texas 75240-2648	Phone: (214) 701-7300 Date August 1, 1995 Signature August 1			
Title Vice President	**************************************			
New Operator's License No. 31658	Contact Person Vaughn O. Vennerberg, II			
New Operator's Name and Address Cross Timbers Operating Company	Phone (405) 232-4011			
210 West Park Avenue, Suite 2350 Oklahoma City, Oklahoma 73102	Oil/Gas Purchaser			
OKTATIONIA CITTY, OKTATIONIA 73102	Date August 1, 1995			
Title Senior Vice President - Land	Signature 60. Urnnubufk			
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ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorizaten noted, approved and duly recorded in the rec			
of the Kansas Corporation Commission. The Corporation Commission records only and d	his acknowledgement of transfer pertains to Ka oes not convey any ownership interest in the a			
injection well(s) or pond permit.				
is acknowledged				
as the new operator and may continue to inject fluids as authorized by Docket # . Recommended action	new operator of the above named lease conta: the surface pond permitted by the STATE CORPORATION COMMISSION			
	AUG 0 4 1995			
Date	Date			
Authorized Signature	Authorized Signature Form T1			

*LEASE NAME	Dowby	*LOCATION: NW/4					
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)	
7		1250	circle FSL FNL /250	Circle FEL FWL	- GAS	PROD	
			FSL/FNL				
			FSL/FNL	_ FEL/FWL			
			fsl/fnl	FEL/FWL			
**************************************			fsl/fnl	FEL/FWL			
		, · · ·	FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
1			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
		•	FSL/FNL	FEL/FWL	2	<u></u>	
			FSL/FNL	FEL/FWL	•		
			fsl/fnl 💯	FEL/FWL			
			FSL/FNL	_ FEL/FWL	<u> </u>		
		•	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.