REQUEST FOR CHANGE OF OPERATOR RANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 9.4, 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
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Check Applicable Boxes:	Effective Date of Transfer 8/1/95
Oil Lease: No. of Wells **	Lease Name Stephens, Thelma 1
Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	C-N2-N2-SWsec 33 T 34S R 34W W/ Legal Description of Lease:
[] Saltwater Disposal Well - Docket No feet from N/S	S Line ALL 33 345 340
feet from E/W [] Enhanced Recovery Proj. Docket No	CountySeward
Entire project: Yes/No Number of injection wells**	Production Zone(s) Chase
Field Name	Injection Zone(s)
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Surface Pond Permit # (API No. If Drill P:	Feet from N/S Line of Section it) Feet from E/W Line of Section
	- 10 kg - 1 kg -
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit S
***********	**************************************
Past Operator's License No25090	Contact Person:
Past Operator's Name and Address: Santa Fe Minerals, Inc. 5420 LBJ Freeway, Suite 1100 Dallas, Texas 75240-2648 Title Vice President	Date August 1, 1995 Signature August 1, 1995
*****************	Contact Person Vaughn O. Vennerberg, II
New Operator's License No. 31658	
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
	Date August 1,/1995 /
Title Senior Vice President - Land	Signature M.O. Munulak
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ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorizat
surface mond permit # has be	en noted, approved and duly recorded in the rec
of the Kansas Corporation Commission. The	his acknowledgement of transfer pertains to ka
Corporation Commission records only and d	does not convey any ownership interest in the a
injection well(s) or pond permit.	
is acknowledged	is acknowledged as
as the new operator and may continue to inject fluids as authorized by Docket #	new operator of the above viamed lease contain
Recommended action	AUG () 4 1995
Date	Date CONSCOVALION ENISION
Authorized Signature	Authorized Signature Form T1

*LEASE NAME	STEPHENS, THERM.	*LOCATION: SW/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)
		circle circle FSL/FNL 1320 FEL/FWI	9A5	PROD
		FSL/FNL FEL/FWI		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWI		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWI		
•		FSL/FNL FEL/FWI	·	
		FSL/FNL FEL/FWI	· · · · · ·	
•		FSL/FNL FEL/FWL	. : 	
		FSL/FNL FEL/FWI	· · · · · · · · · · · · · · · · · · ·	
		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.