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 08/01/96

[X] Oil Lease: No. of Wells 1 **

Lease Name ORMISTON

[X] Gas Lease: No. of Wells 1 **

___-___-___-___ Sec 13 T33S R 31 W
Sec 24 T 33S R 31 W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: NE/4 & SE/4 Sec. 24 and SE/4 & SW/4 Sec. 13

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

County SEWARD

Production Zone(s) Basal Morrow

Field Name Kismet

Injection Zone(s) _____

Surface Pond Permit # _____ (API No. If Drill Pit)

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 30972

Contact Person: R. A. CHRISTENSEN

Past Operator's Name and Address:
PETROGLYPH OPERATING CO., INC.
P. O. Box 1839
Hutchinson, KS 67504

Phone: (316) 665-8500

Date August 1, 1996

Title Vice President

Signature _____

New Operator's License No. 8061

Contact Person John S. Weir

New Operator's Name and Address
OIL PRODUCERS INC. OF KANSAS
2400 N. Woodlawn, Suite 115
P. O. Box 8647
Wichita, KS 67208

Phone (316) 681-0231

Oil/Gas Purchaser NCRA/Centana Gathering

Date August 12, 1996

Title President

Signature _____

RECEIVED
KANSAS CORPORATION COMMISSION
1996 AUG 27 A 10:38

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 _____

Date _____ _____
Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____

Date _____ _____
Authorized Signature

Form T1 7/94

T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME ORMISTON

*LOCATION: CNWNE

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)
1	7/20/62	4620	Circle (FSL)/FNL	3300	Circle (FEL)/FWL	Gas/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		

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.