REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT,	
*****	· · · · · · · · · · · · · · · · · · ·
Check Applicable Boxes:	Effective Date of Transfer 8-1-98
[XX] Oil Lease: No. of Wells 3 **	Lease Name Seacat 1-19,2-19 & 3-19
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Sec_19 T 31S R 21 @E
[] Saltwater Disposal Well - Docket No feet from N/S feet from E/W	Legal Description of Lease: All of Sec. 19-T31S-R21W
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County Clark
Number of injection wells**	Production Zone(s) Mississippi
Field Name Lexington Ext	Injection Zone(s)

Surface Pond Permit # (API No. If Drill Pi	Feet from N/S Line of Section
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit
**********	************
Past Operator's License No. 6769	Contact Person: Gordon Penny
Past Operator's Name and Address:	Phone: 785-749-3712
Wordtmann Davilling Commence To	
1614 Cypress Point Drive	Date
Lawrence, KS 66047	
Title President	Signature Children on
New Operator's License No. 31938	Contact PersonMichael Farrar
New Operator's Name and Address	Phone 316-886-3763 ·
Indian Oil Co., Inc. P.O. Box 209	Oil/Gas Purchaser Eott Energy
Medicine Lodge, KS 67104	Date1-12-99
Title President	Signature Signature
************	***********
surface pond permit # has bee of the Kansas Corporation Commission. Th	request for transfer of injection authorization, in noted, approved and duly recorded in the record is acknowledgement of transfer pertains to Kansacoes not convey any ownership interest in the above
is acknowledged	
as the new operator and may continue to	
inject fluids as authorized by Docket #	
Recommended action	\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\text{\tilde{\tilde{\tilde{\tag{\tilde{\tilde{\tilde{\tilde{\tilde{\tag{\tilde{
Date	
DateAuthorized Signature	Date
. Additized Signature	Authorized Signature Form T1 7/9

				A** 10									3-19	2-19	1-19	WELL NO.	*LEASE NAME
													15-025-20,245	15-025-20,219	15-025-20,149	API NO. (YR DRLD/PRE '67).	Seacat
Lou/thu	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	FSL/FNL	330 FSL/FNL 990	2390 (FSL) FNL 2540	Circle FSL/FNL 1980	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: Sec. 19-T31S-R21W
- PEL/FWL	_ FEL/FWL	FEL FWL	FEL)FWL	Circle FEL/FWL	INE th Line)	-R21W											
												2	Oil	Oil	Oil	TYPE OF WELL (OIL/GAS INJ/WSW)	¥
													Prod	Prod	Prod	WELL STATUS (PROD/TA'D ABANDONED)	

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