

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: **KANSAS CORP COM**

Effective Date of Transfer 8-1-99

[] Oil Lease: No. of Wells 1099 AUG 11 4:11:58 **

Lease Name Klingberg

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

-SW-SW-NE Sec 34 T28 R11 (W/E)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

NE/4

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No _____

County Pratt

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Indian Cave

Field Name _____

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. 9408 ✓

Contact Person: Alan D. Banta, Senior V.P.

Past Operator's Name and Address:

Phone: (316) 262-3596

Trans Pacific Oil Corporation

Date August 1, 1999

100 South Main, Suite 200

Signature [Signature]

Wichita, KS 67202

Title Senior Vice President

New Operator's License No. 30481 ✓

Contact Person Jim Byers, President

New Operator's Name and Address

Phone 316/532-2390

Oil/Gas Purchaser Lumen

Date 8-9-99

Title VP-Operations

Signature [Signature]

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 _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Klingberg

*LOCATION: NE/4

WELL NO. 1
API NO. 15-151-00345
(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)

Well No.	API No.	Footage	FSL/FNL	Circle	FEL/FWL	Type of Well	Well Status
1	15-151-00345	2310	2310	FEL/FWL	Gas	Prod	
				FEL/FWL			
				FEL/FWL			
				FEL/FWL			
				FEL/FWL			
				FEL/FWL			
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				FEL/FWL			
				FEL/FWL			
				FEL/FWL			
				FEL/FWL			
				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.