| REQUEST FOR CHANGE OF OPERATOR<br>TRANSFER OF INJECTION AUTHORIZATION<br>OR TRANSFER OF SURFACE POND PERMIT |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| KANSAS  |  |  |  |  |  |  |  |  |
| Check Applicable Boxes:   | CORP COMM<br>Effective Date of Transfer 8/30/1999  |  |  |  |  |  |  |  |
| [ ] Oil Lease: No. of Wells **  | Lease Name Plummer "E" 22 #1   |  |  |  |  |  |  |  |
| [XX] Gas Lease: No. of Wells 1 **  ** SIDE TWO MUST BE COMPLETED **   |  |  |  |  |  |  |  |  |
| [ ] Saltwater Disposal Well - Docket No. Spot Location: feet from N   |  |  |  |  |  |  |  |  |
| feet from E   |  |  |  |  |  |  |  |  |
| [ ] Enhanced Recovery Proj. Docket No   | County Stanton   |  |  |  |  |  |  |  |
| Entire project: Yes/No Number of injection wells**  | Production Zone(s) Council Grove   |  |  |  |  |  |  |  |
| Field Name Panoma   | Injection Zone(s)  |  |  |  |  |  |  |  |
| **********  | ***********  |  |  |  |  |  |  |  |
| Surface Pond Permit # (API No. If Drill I   | Feet from N/S Line of Section  |  |  |  |  |  |  |  |
| (API NO. II DELII I   | Pit) Feet from E/W Line of Section   |  |  |  |  |  |  |  |
| Identify: Emergency Pit Burn Pit  | Storage Pit - Drill Pit  |  |  |  |  |  |  |  |
| ***********   | ************   |  |  |  |  |  |  |  |
| Past Operator's License No5278  | Contact Person: Dennis Cates   |  |  |  |  |  |  |  |
| Past Operator's Name and Address:   | Phone: (405) 239-7800  |  |  |  |  |  |  |  |
| Enron Oil & Gas Company   | 1 100  |  |  |  |  |  |  |  |
| 20 N. Broadway, Ste. 800  | Date 10/29/99  |  |  |  |  |  |  |  |
| Oklahoma City, OK 73102   | $(1)'_{\alpha}$  |  |  |  |  |  |  |  |
| Title Operations Manager  | Signature Venny (alls  |  |  |  |  |  |  |  |
| New Operator's License No. 5278   | Contact Person Dennis Cates  |  |  |  |  |  |  |  |
| New Operator's Name and Address   | Phone (405) 239-7800   |  |  |  |  |  |  |  |
| EOG Resources, Inc<br>20 N. Broadway, Ste. 800  | Oil/Gas Purchaser  |  |  |  |  |  |  |  |
| Oklahoma City, OK 73102   | Date 10/29/99  |  |  |  |  |  |  |  |
| Title Operations Manager  | Signature Wound Calls  |  |  |  |  |  |  |  |
|   | *************  |  |  |  |  |  |  |  |
|   | request for transfer of injection authorization, en noted, approved and duly recorded in the record: |  |  |  |  |  |  |  |
|   | ais acknowledgement of transfer pertains to Kansa:   |  |  |  |  |  |  |  |
| Corporation Commission records only and d   | oes 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 #                             | new operator of the above named lease containing   |  |  |  |  |  |  |  |
| . Recommended action  | the surface pond permitted by #  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Date  | Date   |  |  |  |  |  |  |  |
| Authorized Signature  | Authorized Signature   |  |  |  |  |  |  |  |
|   | Form T1 7/54   |  |  |  |  |  |  |  |

EP&R 11/16/97 PRODJ21 12-8-99 UIC ME

|         |         |         |         |         |         |         |         |         |         | [8]     |         |         |         |         | 1                     | WELL NO.                                | *LEASE NAME |                             |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------------------|---|-------------|-----------------------------|
|         |         |         |         |         |         |         |         |         |         |         |         |         |         |         | 15-187-20271          | API NO.<br>(YR DRLD/PRE '67) +          | Plummer E   |                             |
|         | (8)     |         |         |         |         |         |         |         |         |         |         |         | -       |         | 2310                  | FOOTAGE FROM<br>(i.e. FSL=Fee           | *LOCATION:  | MUST BE                     |
| FSL/FNL | circle<br>FSL/FNL 330 | SECTION LINE                            | N: 22-29-40 | MUST BE FILED FOR ALL WELLS |
| FEL/FWL | Circle<br>FEL/FWL     | Line)                                   | 3           | L8                          |
|         |         | loo.    |         |         |         |         |         |         |         |         |         |         |         |         | 625                   | TYPE OF WELL (OIL/GAS INJ/WSW)          | 1.          |                             |
|         |         |         |         |         |         |         |         |         |         |         |         | *       |         |         |                       | WELL STATUS<br>(PROD/TA'D<br>ABANDONED) |             | T1 7/94                     |

## A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

tulian transferring a unit which consists of more than one learn alosee file a constate aide two for