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

RECEIVED
STATE CORPORATION COMMISSION
NOV - 7 1995
CONSERVATION DIVISION
WICHITA, KANSAS

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Check Applicable Boxes:

Effective Date of Transfer 9-1-95

[X] Oil Lease: No. of Wells 2 **

Lease Name MC GREEVY, U.B.

[ ] Gas Lease: No. of Wells _____ **

__-__-__-NE_ Sec_33_T_20_S_R_14_W__

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

[ ] Enhanced Recovery Proj. Docket No_____

County BARTON

Entire project: Yes/No
Number of injection wells _____**

Production Zone(s) SIMPSON/LKC

Field Name BART-STAFF

Injection Zone(s) _____

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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 ☐

SR

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Past Operator's License No. 30841

Contact Person: J. W. DECKER

Past Operator's Name and Address:

Phone: 303-893-1225

CONSOLIDATED OIL & GAS, INC.
410 17TH STREET, SUITE 2300
DENVER, COLORADO 80202

Date OCTOBER 9, 1995

Title PRESIDENT

Signature J W Decker

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New Operator's License No. 3871

Contact Person EARL RINGEISEN

New Operator's Name and Address

Phone 316-262-1522

HUGOTON ENERGY CORPORATION
301 N. MAIN, SUITE 1900
WICHITA, KANSAS 67202

Oil/Gas Purchaser KOCH OIL COMPANY

Date OCTOBER 9, 1995

Title VICE PRESIDENT OPERATIONS

Signature Earl Ringeisen

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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

MUST BE FILED FOR ALL WELLS T1 7/94

*LEASE NAME MC GREEVY, U.B. *LOCATION: 33-T20S-R14W

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**		
1	1952	330	FSL	990	FEL	OIL	PROD
5	15-009-21705	330	FNL	990	FEL	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		

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.