

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 9/1/97

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

Lease Name Hall 'B'

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

C NE NE Sec 19 T 21s R 12 W/8

** 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

North Half of NE/4

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

County Stafford

Production Zone(s) Arbuckle

Field Name _____

Injection Zone(s) NA

Surface Pond Permit # NA
(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. 7996

Contact Person: Evan Jantz

Past Operator's Name and Address:
Jantz and Associates
P. O. Box 670
Moundridge, KS 67107

Phone: 316-345-3020

Date 9/1/97

Title Operator

X Signature Evan Jantz

New Operator's License No. 6015

Contact Person Robert D. Dougherty

New Operator's Name and Address

Phone 316-793-9055

Cambria Corporation
P. O. Box 1065
Great Bend, KS 67530

Oil/Gas Purchaser Texaco

Date 9/1/97

Title Operator

Signature Robert D. Dougherty

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 _____

MUST BE FILED FOR ALL WELLS

*LOCATION: Section 19-21s-12w Stafford Co., KS

*LEASE NAME Hall 'B'

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)
2	15-185-21200	660	Oil	Prod
		FSL/FNL		
		FSL/FNL		
		FSL/FNL		
		FSL/FNL		
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		FSL/FNL		
		FSL/FNL		
		FSL/FNL		

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.