

TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

J.H.

Effective Date of Transfer 10-1-96

Check Applicable Boxes:

Lease Name Burtsfield 1-19

[] Oil Lease: No. of Wells _____

19 Sec. T 27 S R 16 W/EX

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: C-NW-NE

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

County Kiowa

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

Production Zone(s) Mississippi

Injection Zone(s) _____

Field Name Vod

Surface Pond Permit # _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit Burn Pit Storage Pit

List API #'s on all post-1967 wells transferred with lease: 15-097-20,389

Past Operator's License No. 03399 ✓ Contact Person: Michael Farrar

Past Operator's Name and Address: Farrar Pump & Supply Co., Inc.
P.O. Box 209
Medicine Lodge, KS 67104
Title President
Phone: 316-886-3763
Date 10/22/96
Signature [Signature]

New Operator's License No. 31938 ✓ Contact Person Michael Farrar

New Operator's Name and Address Indian Oil Co., Inc.
P.O. Box 209
Medicine Lodge, KS 67104
Phone 316-886-3763
Oil/Gas Purchaser KN Energy
Date 10/22/96
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.
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_____ 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 _____

P