REQUEST FOR CHANGE OF OPERATOR	CONSERVATION DIVISION
TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	130 S MARKET, ROOM 2078
	WICHITA, KANSAS 67202
***************	
	10.1-06
Check Applicable Boxes:	Effective Date of Transfer 10-1-96
[XX] Oil Lease: No. of Wells **	Lease Name Dorgan 1-8
[ ] Gas Lease: No. of Wells **	C-N/2- NW- NE- Sec 8 T 28S R 15 W/KX
** SIDE TWO MUST BE COMPLETED **	
	Legal Description of Lease: NE/4 of Section
[ ] Saltwater Disposal Well - Docket No.	
Spot Location: feet from N/S Line feet from E/W Line	
[ ] Enhanced Recovery Proj. Docket No	
Entire project: Yes/No	
	Production Zone(s) Mississippi
Field Name A & W	Injection Zone(s)
************	******
Surface Pond Permit #	Feet from N/S Line of Section
(API No. If Drill Pit)	Feet from E/W Line of Section
Identify: Emergency Pit Burn Pit	
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit
***********	*********
Past Operator's License No. 03399 Contact	ct Person: Michael Farrar
맛이 그런데 그렇게 다른 점이다. 뭐이지 않는데	316-886-3763
Past Operator's Name and Address: Phone: Farrar Pump & Supply Co., Inc.	:
	2-14-97 1/1/
Medicine Lodge, KS 67104	
Title President Signat	ture ture
*****	********
New Operator's License No. 31938 Contact	ct Person Michael Farrar
	RECONSTRUCTION OF THE PROPERTY
New Operator's Name and Address Phone	316-886-3763
Indian Oil Co., Inc.	Wielford France T 250
P.O. Box 209 Medicine Lodge, KS 67104	as Purchaser Wickford Energy
	2-14-97
bace .	
Title President Signa	ture A 4
************	****
ACKNOWLEDGEMENT OF TRANSFER: The above reques	t for transfer of injection authorization,
surface pond permit # has been note	
of the Kansas Corporation Commission. This ack	
Corporation Commission records only and does not	t convey any ownership interest in the above
injection well(s) or pond permit.	
is acknowledged	is acknowledged as the
	operator of the above named lease containing
	surface pond permitted by #
. Recommended action	
Date	
Authorized Signature	Authorized Signature
	Form T1 7/94

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1	20 F3
-	FILED
	FOR
	ALL
	WELLS

	CO M		100 120 120 100	COF		V			for T	(A.3.)		CSIO VA S	To the second se	15-151-21,229	*LEASE NAME Dorgan  API NO.  WELL NO. (YR DRLD/PRE '67)
FSL/FNL FEL/FWL	FSL/FNL FEL/FWL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	330 Circle 990 FEL/FWL	*LOCATION: Sec. 8-28S-15W  *LOCATION: Sec. 8-28S-15W  FOOTAGE FROM SECTION LINE  (i.e. FSL=Feet from South Line)							
	7 10 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		**							1.				enane .	TYPE OF WELL WELL STATUS (OIL/GAS (FROD/TA'D ABANDONED)

## 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.