

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KANSAS 67202

Check Applicable Boxes:

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

[x] Gas Lease: No. of Wells 1 **
** SIDE TWO MUST BE COMPLETED**

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

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

Field Name _____

Surface Pond Permit # _____
(API NO. if Drill Pit)

Identify: Emergency Pit _____ Burn Pit _____ Storage Pit _____ Drill Pit _____

List API#'s on all post-1967 wells transferred with lease: 15-095-20675 330 FNL 330 FNL

Past Operator's License No. 8061 Contact Person: JOHN S. WEIR

Past Operator's Name and Address:
OIL PRODUCERS, INC. OF KS.
P.O. Box 8647
Wichita, Ks. 67208

Phone: 316-681-0231
Oil & Gas Purchaser KPL

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 24 1997

Title President Signature John S. Weir

New Operator's License No. 5403 Contact Person Wayne E. Walcher
New Operator's Name and Address Phon 316 267 1611

WAYNE E. WALCHER

107 N. Market, Ste. 701
Wichita, Kansas 67202

Oil & Gas Purchaser Western Resources (KPL)
Date October 1, 1997

Title President Owner-Operator Signature Wayne E. Walcher

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 acknowledgment 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