REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	
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Check Applicable Boxes:	Effective Date of Transfer 10-1-1998
[] Oil Lease: No. of Wells **	Lease Name Berry
[X] Gas Lease: No. of Wells 1 ** ** SIDE TWO MUST BE COMPLETED **	Legal Description of Lease: Lots 1 & 2
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S feet from E/S [] Enhanced Recovery Proj. Docket No.	Line & S/2 NE/4 Sec. 5-32S-9W
	County Harper
Entire project: Yes/No Number of injection wells**	Production Zone(s) Mississippi
Field Name AOK	Injection Zone(s)
Surface Pond Permit # (API No. If Drill Piger Burn Pit Burn P	Storage Pit Drill Pit
安全有效的	************
Past Operator's License No. 5429	Contact Person: Bryce F. Hayes
Past Operator's Name and Address:	Phone: 316-254-7204
	Date 10-01-98
Title Owner/Operator	Signature Buyer J. Flager
New Operator's License No. 31191	Contact Person Randy Newberry
New Operator's Name and Address	Phone 316-254-7251
P.O. BOX 195	Oil Gas Purchaser Dynegy Energy
Attica, KS 67009	Date 10-20-03
Title President	Signature Theney Westerney
****	*******
surface pond permit # has been of the Kansas Corporation Commission. Thi	request for transfer of injection authorization, in noted, approved and duly recorded in the recorded is acknowledgement of transfer pertains to Kansases not convey any ownership interest in the above
is acknowledged	is acknowledged as the
as the new operator and may continue to inject fluids as authorized by Docket # Recommended action	new operator of the above named lease containing the surface pond permitted by #
Date	Date
Authorized Signature	Authorized Signature

MUST BE FILED FOR ALL WELLS

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