...ON AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:

Effective Date of Transfer 10-01-98

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

Lease Name MINERALS A

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

SE - - - Sec 9 T 20 R 24W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[X] Saltwater Disposal Well - Docket No. D-26,471
Spot Location: 990 feet from N/S Line
1650 feet from E/W Line

SE4 Sec 09-20S-24W

[ ] Enhanced Recovery Proj. Docket No _____

County NESS

Entire project: Yes/No

Number of injection wells _____**

Production Zone(s) MISSISSIPPIAN

Field Name HAIR SOUTH

Injection Zone(s) CEDAR HILLS

Surface Pond Permit # _____ (API No. If Drill Pit)

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

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐ JR

Past Operator's License No. 6040

Contact Person: JULIUS M. BANKOFF

Past Operator's Name and Address:

6202 S LEWIS SUITE 176
TULSA OK 74136

Phone: 918-742-0450

Date 01-06-00

Title PARTNER

Signature Julius M Bankoff

New Operator's License No. 32372

Contact Person JULIUS M. BANKOFF

New Operator's Name and Address

BANKOFF OIL COMPANY, INC.
6202 S LEWIS SUITE 176
TULSA OK 74136

Phone 918-742-0450

Oil/Gas Purchaser EQUIVA

Date 01-06-00

Title PRESIDENT

Signature Julius M Bankoff

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorizat surface pond permit # _____ has been noted, approved and duly recorded in the rec of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Ka Corporation Commission records only and does not convey any ownership interest in the a injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

Date _____ Authorized Signature

_____ is acknowledged as new operator of the above named lease contai the surface pond permitted by # _____

RECEIVED
STATE CORPORATION COMMISSION

JAN 13 2000

Date _____ Authorized Signature

Form T1

CONSERVATION DIVISION
Wichita, Kansas

EP&R 1/24/00 PROD FEB 2 0 20 UIC 2-2-00

LEASE NAME _____ *LOCATION: _____

WELL NO.	API NO. (YR DRLD/PRE '57)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)				TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1		990	Circle FSL/FNL	1650	Circle FEL/FWL	SWD	SWD
2 (3)	15-135-23,664 ✓	330	FSL/FNL	330	FEL/FWL	OIL	PROD
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

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.