

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

KANSAS CORPORATION COMMISSION
130 So. Market #2078
WICHITA, KANSAS 67202

Effective Date of Transfer 11-1-97 Check Applicable Boxes:

Lease Name Bergner #1 [x] Oil Lease: No. of Wells 1

W/2 SE NE Sec. 35 T 27 S. R 12W W/E [] Gas Lease: No. of Wells _____

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

County Pratt [] Enhanced Recovery Project Docket No. _____
Entire project: Yes/No _____

Production Zone(s) Kansas City Number of injection wells _____

Injection Zone(s) _____ Field Name Barnes

Surface Pond Permit # _____ Feet from N/S Line of Section _____
_____ Feet from E/W Line of Section _____

Identify: Emergency Pit bbb Burn Pit bbb Storage Pit bbb

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 5435 Contact Person: Emil Bowers

Past Operator's Name and Address: Phone: (316) 262-6449

Bowers Drilling Co., Inc
125 N Market Date November 25, 1997

Wichita, Ks 67202 Signature Emil E. Bowers
Title President

New Operator's License No. 32231 Contact Person Maurice Prosser

New Operator's Name and Address Phone 316-546-2472

Outback Oil Inc.
412 NE 10th Ave Oil/Gas Purchaser Outback Oil Inc.

Pratt, Ks. 67124 Date 11-18-97

Title President Signature Jim Bergner

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.

_____ is acknowledged as the new operator and may continue to be the operator of the above named lease containing inject fluids as authorized by Docket # _____ the surface pond permitted by # _____.

Recommended action _____

Date _____

Authorized Signature _____

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