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

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

010198_VL_Cline.pdf

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Check Applicable Boxes:

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

[XX] 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 Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

Field Name Spivey-Grabs-Basil

Effective Date of Transfer 1/1/98

Lease Name Cline, V.L.

__-__-__-SE Sec 35 T 29 R 8 W/E

Legal Description of Lease: SE/4

County Kingman

Production Zone(s) Mississippi

Injection Zone(s) _____

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

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

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

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Past Operator's License No. 31653 ✓

Past Operator's Name and Address:
Buffalo Operating LLC
1888 Sherman St, Ste 760
Denver, CO 80203-1160

Title Manager

Contact Person: Randall K. Arnold

Phone: (303) 813-1568

Date 1/13/98

Signature Randall K Arnold

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New Operator's License No. 6236

New Operator's Name and Address
MTM Petroleum Inc
P.O. Box 82
Spivey, KS 67142

Title President

Contact Person Marvin A. Miller

Phone (316) 532-3794

Oil/Gas Purchaser Western Resources Inc

Date _____

Signature Marvin A. Miller

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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 inject fluids as authorized by Docket # _____. Recommended action _____

Date _____ _____
Authorized Signature

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

RECEIVED
STATE CORPORATION COMMISSION
JAN 21 1998

Date _____ _____
Authorized Signature

Form T1 7/95

SIDE 2
T1 7/94

KGS

MUST BE FILED FOR ALL WELLS

*LEASE NAME Cline VL

*LOCATION: Sec 35 T29S-R8W

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle FSL/FNL		Circle FEL/FWL		TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1 R	095-00537 1952	660	FSL	1980	FEL		Gas	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			
			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