KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1 June 2000 Form must be Typed Form must be Signed All blanks must be Filled

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

Check Applicable Boxes:	Effective Date of Transfer: 6-01-02			
Oil Lease: No. of Wells**, July 0				
Gas Lease: No. of Wells 2 **	Lease Name: RUSSELL "A"			
** Side Two Must Be Completed.				
Saltwater Disposal Well - Docket No.	Legal Description of Lease: E/2 SW/4			
Spot Location: feet from N / S Line				
feet from E / W Line				
Enhanced Recovery Project Docket No.	County: KINGMAN			
Entire Project: Yes No	Production Zone(s): SIMPSON/MISSISSIPPIAN			
Number of Injection Wells**				
Field Name: MAPLE GROVE	Injection Zone(s):			
Surface Pond Permit #(API # 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			
Past Operator's License No. 6236	Contact Person: MARVIN MILLER OR KATHY HILL			
Past Operator's Name & Address: MTM PETROLEUM, INC.	Phone: 620-532-3794			
P.O. BOX 82 SPIVEY KS 67142	Date: 5-14-02			
Title: MARVIN A. MILLER, PRESIDENT	Signature / m/ll			
New Operator's License No. 5030	Contact Person: MIKE VESS			
New Operator's Name & Address: VESS OIL CORP	Phone: 316-382-1537			
8100 EAST 22ND NORTH, BLDG #300	Oil / Gas Purchaser: NCRA/ Peoples			
WICHITA KS 67226	< 120 /NZ			
Title: J.M. VESS, PRESIDENT	Date: Signature:			
Acknowledgment 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 Corpo	ration Commission. This acknowledgment of transfer pertains to Kansas			
Corporation Commission records only and does not convey any ownership	o interest in the above injection well(s) or pond permit.			
is acknowleged as the	is acknowleged as the			
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pond			
Docket # Recommended action:	permitted by #			
Date:	Date:			
Authorized Signature	Authorized Signature			



Must Be Filed For All Wells

* Lease Name: RUSSELL "A" * Location: S			W SECTION 36 - T 30 S - R 7W		
Well No.	API No. (YR DRLD/PRE'67)	Footage from Se (i.e. FSL = Feet fro		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
#2	15-095-30249 09-04-65	515 Circle	73 0 660 <i>Circle</i> FELDWL	GAS	PROD
#3	15-095-2 175000 0		1980 1935 FE(/FWL	GAS	PROD
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
					- 4
		FSL/FNL _	FEL/FWL		
	Name of the Control o	FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
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		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.