

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
June 2000
Form must be T

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

DOR 218790

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **

☒ 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 Project Docket No. _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: McCUTCHEN ABANDONED

Effective Date of Transfer: 6-01-02

Lease Name: WALLACE #3

_____ NE _____ SW _____ NE Sec. 10 Twp. 27S R. 7 ☐ E ☒ W

Legal Description of Lease: SOUTH 2/3 OF EAST 3/4 OF NE/4

County: KINGMAN

Production Zone(s): MISSISSIPPIAN

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

Past Operator's Name & Address: MTM PETROLEUM, INC.

P.O. BOX 82 SPIVEY KS 67142-0082

Title: MARVIN A. MILLER, PRESIDENT

Contact Person: MARVIN MILLER OR KATHY HILL

Phone: 620-532-3794

Date: 5-14-02

Signature: Marvin A. Miller

New Operator's License No. 5030

New Operator's VESS OIL CORP

8100 EAST 22ND NORTH, BLDG #300

WICHITA KS 67226

Title: J.M. VESS, PRESIDENT

Contact Person: MIKE VESS

Phone: 316-682-1537

Oil / Gas Purchaser: Trista

Date: 5/28/02

Signature: Mike Vess

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 Corporation Commission. This acknowledgment 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 # _____ .

Date: _____

Authorized Signature

Must Be Filled For All Wells

* Lease Name: WALLACE #3 * Location: NE SW NE SECTION 10 - T 27S - R 7W

[illegible]

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.