

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:

100R 210492 RECEIVED
AUG 30 2002 KCC WICHITA

☐ 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: K-15

Effective Date of Transfer: 08/01/02

Lease Name: Walters

NE - NW - NW Sec. 20 Twp. 29S R. 7 ☐ E ☒ W

Legal Description of Lease: _____

NW/4

Sec. 20-29S-7W

County: Kingman

Production Zone(s): Miss Chert

Injection Zone(s): _____

Surface Pond Permit # _____

(API # If Drill Pit)

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

KB

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

Past Operator's License No. 5348 ✓

Past Operator's Name & Address: Robert E. Campbell,
Oil & Gas Operations

Title: Operator/Owner

Contact Person: Robert E. Campbell

Phone: 316 685-6001

Date: 08/27/02

Signature: [Signature]

New Operator's License No. 6236 ✓

New Operator's Name & Address: _____

MTM Petroleum, Inc.

P.O. Box 82 Spivey KS 67142

Title: Marvin A. Miller, President

Contact Person: Marvin A. Miller

Phone: 620-532-3794

Oil / Gas Purchaser: NCRA/Aquila

Date: 8-29-02

Signature: [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 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

* Lease Name: Walters * Location: WICHITA

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.