

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

KANSAS CORPORATION COMMISSION

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

JAN 07 2002

Check Applicable Boxes:

CONSERVATION DIVISION

Effective Date of Transfer 12-1-2001

[X] Oil Lease: No. of Wells 3 **

Lease Name CARTER

[] Gas Lease: No. of Wells _____ **
** SIDE TWO MUST BE COMPLETED **

W/2- - NW/4 Sec 33 T 14 R 13 (W)E

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

Legal Description of Lease: _____

W/2 NW/4 SEC. 33-14-13

[] Enhanced Recovery Proj. Docket No. _____
Entire Project: Yes/No
Number of Injection Wells _____ **

County RUSSELL

Production Zone(s) LKC - TARKIO

Field Name HALL-GURNEY

Injection Zone(s) _____

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 _____

Past Operator's License No. 31418
Past Operator's name and address:
NEW GENERATION OIL, INC.
2015 E. HWY 40
P O BOX 40
RUSSELL, KS 67665
Title _____

Contact Person: CHARLEY TRAPP
Phone: 785-483-4676
Date: 12-14-01
Signature: Charley Trapp

New Operator's License No. 3903
New Operator's Name and Address:
MAR-LOU OIL COMPANY
P O BOX 218
WILSON, KS 67490
Title _____

Contact Person: MARLIN B. ROBINSON
Phone: 785-658-2246
Oil/Gas Purchaser _____
Date: 1-4-02
Signature: Marlin B. Robinson

ACKNOWLEDGMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record of the 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 _____

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

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

Form T1 7/94

APR 4/30/02 MAY 01 2002

MUST BE FILED FOR ALL WELLS

* LEASE NAME Carter

API NO.
(YR DRLD/PRE '67)

WELL NO.

* LOCATION: W/2 NW/4 33-14-13 RS, Co. KS.

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/WSW)

WELL STATUS
(PROD/T A'D
ABANDONED)

[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.