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

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Check Applicable Boxes:

Effective Date of Transfer FEB. 1, 1999

[X] Oil Lease: No. of Wells 1 **

Lease Name MUIR A

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

__-__-__-__ Sec 10 T 31S R 8W W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: SE/4

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

[ ] Enhanced Recovery Proj. Docket No _____

County HARPER

Entire project: Yes/No
Number of injection wells _____**

Production Zone(s) MISSISSIPPI

Field Name SPIVEY GRABS

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. 5003

Contact Person: WILLIAM HESS

Past operator's name and address:

MCCOY PETROLEUM CORP.
3017 N. CYPRESS
WICHITA, KS 67226-4003

Phone: (316) 636-2737

Date FEBRUARY 1, 1999

Title President

Signature John Roy McCoy

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New Operator's License No. 31191

Contact Person Randy Newberry

New Operator's Name and Address

R & B Oil & Gas, Inc.

P. O. Box 195

Attica, KS 67009

Phone 316 254 7251

Oil/Gas Purchaser Barr Energy, Inc.

Date 3/22/99

Title President

Signature Randy Newberry

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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 record 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 # _____

Date _____ _____
Authorized Signature

Form T1 7/94

C

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Muir A

*LOCATION: Sec 10-31S-8W

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)				TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
			Circle		Circle		
1	077, 20, 580 ✓	330	(FSL)/~~FNL~~	1980	(FEL)/~~FWL~~	Oil	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		

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.