

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

\*\*\*\*\*

Check Applicable Boxes:

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

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

\*\* SIDE TWO MUST BE COMPLETED \*\*

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

[ ] Enhanced Recovery Proj. Docket No.         
Entire project: Yes/No  
Number of injection wells        \*\*

Field Name Maple Grove

Surface Pond Permit #        Feet from N/S Line of Section  
(API No. If Drill Pit)        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. 5146 Contact Person: Juanita M. Green

Past Operator's Name and Address:

Rains & Williamson Oil Co., Inc.

220 West Douglas, Suite 435

Wichita, Kansas 67202

Title President

Phone: (316) 265-9686

Date April 3rd, 1996

Signature Juanita M. Green

New Operator's License No. 4397

Contact Person Marvin Miller

New Operator's Name and Address

MTM Petroleum, Inc.

P.O. Box 82

Spivey, Kansas 67142

Phone (316) 532-5178

Oil/Gas Purchaser NCRA

Date April 8, 1996

Title Marvin A. Miller, President

Signature Marvin A. Miller

**ACKNOWLEDGEMENT 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 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