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 4/1/97

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

Lease Name THUROW

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

__-__-__-__ Sec 31 T 23 R 15 (W)/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

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

NORTHWEST QUARTER (NW/4)

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

County PAWNEE

Production Zone(s) ~~NOVA~~ NEVA

Field Name MACKSVILLE

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 ☐ A+

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Past Operator's License No. 30426 ✓

Contact Person: RANDALL P ANDERSON

Past Operator's Name and Address:
TRISUM VENTURES, INC.
150 N MAIN, SUITE 922
WICHITA, KS 67202-1317

Phone: 316 265-8844

Date 4/3/97

Title PRESIDENT

Signature Randall P Anderson

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New Operator's License No. 3911 ✓

Contact Person Robin L. Austin

New Operator's Name and Address

RAMA Operating Co., Inc.
P.O. Box 159
Stafford, KS 67578

Phone 316/234-5191

Oil/Gas Purchaser _____

Date 4-8-97

Title Vice-president

Signature _____

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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 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

RECEIVED
KANSAS CORPORATION COMMISSION
APR 9 1997
CONSERVATION DIVISION
Wichita, KS

Form T1 7/94

MUST BE FILED FOR ALL WELLS T1 7/94

*LEASE NAME THUROW *LOCATION: NW/4 31-23-15W

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)
	API 15-145-20,240		Circle		Circle		
1	SPUD DATE 12/13/71	4950	(FSL)/FNL	2970	(FEL)/FWL	GAS	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		
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			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.