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:

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

[x] Gas Lease: No. of Wells 2 **
** 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 Coats

Effective Date of Transfer May 1, 1997

Lease Name Andrews

__ - __ - __ - __ Sec 24 T 29 R 14 W/E

Legal Description of Lease: SE4

County Pratt

Production Zone(s) Krider

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. 30426

Past Operator's Name and Address:

Trisum Ventures, Inc.
150 N. Main, Suite 922
Wichita, KS 67202-1317

Title President

Contact Person: Randall P. Anderson

Phone: 316/265-8844

Date April 22,1997

Signature _____

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New Operator's License No. 3911

New Operator's Name and Address
RAMA Operating Co., Inc.
P.O. Box 159
Stafford, KS 67578

Title Vice-President

Contact Person Robin L. Austin

Phone 316/234-5191

Oil/Gas Purchaser _____

Date April ,1997

Signature Randall P. Anderson

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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

Form T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Andrews *LOCATION: ____________

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	Circle		Circle	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
Andrews 5	AP 15-151-20,378; 5/77	feet not available C E2 SE4	FSL/FNL		FEL/FWL	gas	PROD
Andrews "B" 2	AP 15-151-20,254; 8/60	feet not available C SE	FSL/FNL		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		
			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 tr[illegible]sferring a unit which consists of more [illegible]an one lease please file a separate sid two for each lea[illegible]. If a lease covers more than one sectio[illegible] please indicate which section each well is [illegible]ocated.