

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:

Effective Date of Transfer May 1, 1997

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

Lease Name Andrews

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

____ - ____ - ____ Sec 24 T29 R14 W/E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: SE4

[] 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 _____ **

County Pratt

Production Zone(s) Krider

Field Name Coats

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. 30426

Contact Person: Randall P. Anderson

Past Operator's Name and Address:

Phone: 316/265-8844

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

Date April 22, 1997

Title President

Signature _____

New Operator's License No. 3911

Contact Person Robin L. Austin

New Operator's Name and Address

Phone 316/234-5191

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

Oil/Gas Purchaser _____

Date April, 1997

Title Vice-President

Signature Randall P. Anderson

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 _____

_____ 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

***LOCATION:**

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

TYPE OF WELL
(OIL/GAS
INJ/WSW)

Circle _____ Circle _____
FSL/FNL FEL/FWL

<u> </u>	Circle	circle
feet not available C SE	FSL/FNL	FEL/FWL
<u> </u>	FSL/FNL	FEL/FWL

AP 15-151-20,378; 5/77

AP 15-151-20,254; 8/60

FSL/FNL _____ FEL/FWL _____

FSL/FNL FEL/FWL

FSL/FNL _____ FEL/FWL _____

FST./ENT. FET./ENT.

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ISL/FNL	FEL/FWL

	FSL/FNL	FEL/FWL
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FSL/FNL _____ FEL/FWL _____

FSL/FNL FEL/FWL

	FST / FNT	FET / FWT
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11/11/11

FSL/FNL _____ FFL/FWL _____

FSL/FWL _____ FEL/FWL _____

FSL/FNL _____ FEL/FWL _____

*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.