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 Garvin "A"

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

__ - __ - __ - __ Sec 30 T 23 R 15 (W) E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: S2 SW4

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

[ ] Enhanced Recovery Proj. Docket No _____

County Pawnee

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Foraker

Field Name Benson South

Injection Zone(s) _____

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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. 30426

Contact Person: Randall P. Anderson

Past Operator's Name and Address:

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

Phone: 316/265-8844

Date April 22, 1997

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 5-7-97

Title Vice-President

Signature _____

RECEIVED
KANSAS CORP COMM
MAY -8 A 11: 31

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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 Garvin "A"

*LOCATION: S2 SW4 30-23-15W

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)
		Circle		Circle			
"A"	API #15-145-20,236 1971	990	FSL/FNL	1,650	FEL/FWL	Gas	Abandoned
			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 sid two for each lease. If a lease covers more than one section please indicate which section each well is located.