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 _____ **

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

** 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 Spivey-Grabbs

Effective Date of Transfer 05-01-97

Lease Name Muir #1-20

__ - NE - NE - NE Sec 20 T 31S R 9W W/E

Legal Description of Lease: _____

330' FNL & 450' FEL

County Harper

Production Zone(s) Mississippi Chat

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 ☐ AJ

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Past Operator's License No. 31300 ✓

Past Operator's Name and Address:

Centrex Operating Company
P.O. Box 52058
Tulsa, OK 74152-0058

Title President

Contact Person: Dusty Smith

Phone: 918-599-8128

Date 4/28/97

Signature _____

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New Operator's License No. 32097 ✓

New Operator's Name and Address

Sunterra Energy Corporation
20 E. 5th Street, Suite 1500
Tulsa, OK 74103

Contact Person Frank W. Gagliardi

Phone 918-587-5815

Oil/Gas Purchaser Peoples Natural Gas

Date 4/28/97

Signature Frank W Gagliardi

RECEIVED
KANSAS CORPORATION COMMISSION
APR 29 1997
CONSERVATION DIVISION

Title Vice President

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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 Muir #1-20

*LOCATION: Sec. 20-31S-9W

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		
#1-20	15-077-20,535	330'	FSL/FNL	450'	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		
			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