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 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 _____

Effective Date of Transfer 5/14/96

Lease Name Fitzgerald

__ - __ - __ - __ Sec 19 T 34 R 11 W/E~~X~~

Legal Description of Lease: _____

S/2

County Barber

Production Zone(s) Mississippi

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 ☐

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Past Operator's License No. _____

Past Operator's Name and Address:

Cara Ventures

Contact Person: _____

Phone: _____

Date _____

Title _____

Signature _____

****

New Operator's License No. 5097 ✓

New Operator's Name and Address

Martin Oil Producers, INc.
150 N. Main , #1010
Wichita, KS 67202

Contact Person K. S. Martin

Phone 264-0352

Oil/Gas Purchaser Kansas Gas Supply

Date 10/16/96

Title Fresident

Signature [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 CORP COMM
OCT 21 A 11:21

Form T1 7/94

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SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Fitzgerald

*LOCATION: 19-34S-11W, Barber County, Kansas

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)
1	15-007-22,424	330	Circle FSL/FNL	4950	Circle FEL/FWL	gas	producing
			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		
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			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 each lease. If a lease covers more than one section please indicate which section each well is located.