

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KCC CONSERVATION OFFICE
WICHITA STATE OFFICE BUILDING
130 S. MARKET, ROOM 2078
WICHITA, KS 67202

Effective Date of Transfer 7/1/96

Lease Name Meyer

28 Sec. T 23 S 12 W

Legal Description of Lease:

NE/4 Sec. 28-23S-12W

County Stafford

Production Zone (s): _____

Injection Zone (s): _____

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 3

☐ Gas Lease: No. of Wells _____

☐ Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from _____ Line

_____ feet from _____ Line

☐ Enhanced Recovery Project Docket No. _____

Entire Project: _____

Number of injection wells _____

Field Name _____

Surface Pond Permit # _____

_____ Feet from _____ Line of Section

_____ Feet from _____ Line of Section

Identify Emergency Pit ☐ Burn Pit: ☐

Storage Pit: ☐

List API #'s on ALL post-1967 wells transferred with lease: _____

Past Operator's License N 6981

Contact Person: Robert L. Austin

Past Operator's Name and Address:

Gas Marketing, Inc.

P.O. Box 159

Stafford, KS 67578-0159

Title: President

Phone: 316/234-5191

Date: 7/1/96

Signature: [Signature]

New Operator's License No. 3911 ✓

Contact Person: Robin L. Austin 7-3-96

New Operator's Name and Address:

Rama Operating Co. Inc.

P.O. Box 159

Stafford, Kansas 67578

Title: Vice-President

Phone: (316) 234-5191

Date: 7/1/96

Signature: [Signature]

ACKNOWLEDGMENT OF TRANSFER:

surface pond permit # _____

The above request for transfer of injection authorization,

of the Kansas Corporation Commission. This acknowledgment 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