

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 July 1, 1999

[X] Oil Lease: No. of Wells 2 **

Lease Name Monroe

[] Gas Lease: No. of Wells **

 - - - SW Sec 4 T 16 R 13 W X

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease:

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

SW/4

 feet from E/W Line

[] Enhanced Recovery Proj. Docket No.

County Barton

Entire project: Yes/No

Number of injection wells **

Production Zone(s) Arbuckle

Field Name Trapp

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. 30458 ✓

Contact Person: Mr. Brad Miller

Past Operator's Name and Address:

Phone: (316) 587-3636

RJM Oil Company, Inc.

P.O. Box 256

Clafin, KS 67525

Title

Date 7/23/99

Signature Brad Miller

New Operator's License No. 31805 ✓

Contact Person Dale Smith

New Operator's Name and Address

Phone (405) 751-2893

Escher Corporation

2932 N.W. 122nd, #G

Oklahoma City, OK 73120

Oil/Gas Purchaser Farmland

Date 7/20/99

Title President

Signature Dale Smith

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

*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.