

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 8-1-97

[X] Oil Lease: No. of Wells 1 **

Lease Name BERTHA STEVENS

[] Gas Lease: No. of Wells _____ **

- - - Sec 19 T 30S R 6 W

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[X] Saltwater Disposal Well - Docket No. D-22,445

Spot Location: _____ feet from N/S Line

SW/4

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County Kingman

Entire Project: Yes/No

Production Zone(s) Mississippi

Number of Injection Wells _____ **

Field Name Reida South

Injection Zone(s) cm

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 _____

✓ Past Operator's License No. 31142 ✓

Contact Person: Jim Thatcher

Past Operator's name and address:

Phone: (316) 265-3351

Petroleum Property Services, Inc.

✓ Date: 7/12/97

155 N. Market, Suite 1010

Wichita, KS 67202

Title _____

✓ Signature: Jim Thatcher

New Operator's License No. 6236 ✓

Contact Person: Marvin Miller

New Operator's Name and Address:

Phone: (316) 532-3794

MTM Petroleum, Inc.

Oil/Gas Purchaser N.C.R.A.

Box 82

Date: 8-21-97

Spivey, KS 67142

Title President

Signature: Marvin Miller

ACKNOWLEDGMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record of the 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 # _____

_____ is acknowledged as the new operator
of the above named lease containing the surface pond permitted
by # _____

Recommended action _____

Date _____

Date _____

Authorized Signature

Authorized Signature

Form T1 7/94

* LOCATION: SW/4 Sec 19 - T 30S - R 6W

WELL STATUS

ABANDONED)

Circle

Oil

Prod.

CTD

In use

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.