REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATIO OR TRANSFER OF SURFACE POND PERMIT								
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Check Applicable Boxes:	Effective Date of Transfer 12-1-95							
[X] Oil Lease: No. of Wells1 **	Lease Name McCrory							
[ ] Gas Lease: No. of Wells **  ** SIDE TWO MUST BE COMPLETED **	Sec 18 T 21s R 7w (W)E							
[ ] Saltwater Disposal Well - Docket No. Spot Location: feet from N/	S Line NE¼							
[ ] Enhanced Recovery Proj. Docket No Entire project: Yes/No Number of injection wells**								
	Injection Zone(s)							
Surface Pond Permit # (API No. If Drill P	Feet from N/S Line of Section (it) Feet from E/W Line of Section							
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit S							
***********	************							
Past Operator's License No. 5708	Contact Person:Josephine M. Volosin							
Past Operator's Name and Address:	Phone:316 792-2469							
Aspen Drilling Co.								
Box 783	Date 11-21-95							
Great Bend, KS 67530	Signature Jesuplandy. Valerin							
Title <u>Pres.</u>	Signature Lesques U. Valario							
New Operator's License No. 3911	Contact Person Pobin Austin							
New Operator's Name and Address	Phone 316 234-5191 STATE CORPUSATIONS							
Rama Operating Co., Inc. P.O. Box 159	Oil/Gas Purchaser Texaco Dro							
Stafford, KS 67578	1150 - 17 100F							
	Date 13-4-95							
Title <i>V- !</i>	Signature /// Contra VANISAC V							
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	request for transfer of injection authorization,							
	en noted, approved and duly recorded in the records							
of the Kansas Corporation Commission. Th	is acknowledgement of transfer pertains to Kansas							
	oes not convey any ownership interest in the above							
injection well(s) or pond permit.								
is acknowledged	is acknowledged as the							
as the new operator and may continue to	new operator of the above named lease containing							
inject fluids as authorized by Docket # . Recommended action	the surface pond permitted by #							
Date	Date							
Authorized Signature	Authorized Signature Form T1 7/94							

						× .									1	WELL NO.	*LEASE NAME
															1962	API NO. (YR DRLD/PRE '67).	McCrory
FSI/FNL FEL/FWL	FSL/FNL FEL/FWL	FSI/FNL FEL/FWL	FSL/FNL FEL/FWL	FSI,/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	circle 1980 FSL/FNI 1980 FEL/FWL	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: NE
							(m)								oil	TYPE OF WELL (OIL/GAS INJ/WSW)	
															Prod.	WELL STATUS (PROD/TA'D ABANDONED)	

## 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.