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:

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

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

Effective Date of Transfer 12-1-96

Lease Name WELLMAN

__-__-__-__ Sec 33 T 21 R 9 W/E

Legal Description of Lease: _____

NE/4

County Rice

Production Zone(s) Misener

Injection Zone(s) _____

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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 ☐ A

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Past Operator's License No. 6484

Past operator's name and address:
Anderson Energy, Inc.
200 E. First, #414
Wichita, KS 67202

Contact Person: Bill Anderson

Phone: (316) 265-7929

Date 12-13-96

Title V.P.

Signature William L Anderson

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New Operator's License No. 3911

New Operator's Name and Address

RAMA Operating Co., Inc.
P.O. Box 159
Stafford, KS 67578

Contact Person Robin L. Austin

Phone 316/234-5191

Oil/Gas Purchaser _____

Date 1-8-97

Title Vice-president

Signature _____

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 09 1997
CONSERVATION DIVISION
WICHITA, KS

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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

Form T1 7/94

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MUST BE FILED FOR ALL WELLS

*LEASE NAME Wellman *LOCATION: NE/4 33-21S-9W

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)
			Circle FSL/FNL		Circle FEL/FWL		
1			FSL/FNL		FEL/FWL	Oil + Gas	
			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		
			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		
			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.