APPLICATION FOR CHANGE OF OPERATOR

Come Now, the applicant and shows the Corporation Commission the following:

1. That OAC OCC 165:5-7-11 authorizes administrative approval for the change of operator, the appointment of alternate operators and the deletion of designation of operator.

2. The names and addresses of each party being made a respondent to this application are shown on Exhibit “A” attached hereto:

3. The applicant respectfully requests that the following orders be amended to allow for the following:

(    ) Change Of Operator
(    ) Appointment Of Alternate Operator
(    ) Delete Designation Of Operator

ORDER NO.  DATE  TYPE OF ORDER  LEGAL DESCRIPTION:

(See Exhibit “B” for additional Orders)
Applicant: ________________________________  Cause Number __________________

4. The applicant hereby submits the additional well information regarding the above mentioned Order No.'s:

<table>
<thead>
<tr>
<th>Well Name</th>
<th>Classification</th>
<th>OTC Lease No.</th>
<th>API</th>
<th>Order No.</th>
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(See Exhibit "B" for additional Orders)

5. (a) The applicant respectfully requests that the Commission grant this application and Delete as operator: ________________________________
   Address: ____________________________________________
   City: _____________________________ State: ___________ Zip: __________________
   OTC Operator Number: ________________________________
under the Order No.'s and unit well listed above and listed upon Exhibit "B" attached hereto, and

   Designate as operator: ________________________________
   Address: ____________________________________________
   City: _____________________________ State: ___________ Zip: __________________
   OTC Operator Number: ________________________________

(b) The applicant respectfully requests that the Commission

   Designate as alternate operator: ________________________________
   Address: ____________________________________________
   City: _____________________________ State: ___________ Zip: __________________
   OTC Operator Number: ________________________________
under the forced pooling Order No.'s and unit well listed upon Exhibit "B" attached hereto.
The applicant respectfully request that the Commission delete the designation of operator under the Increased Density and Well Location Exception Order No.’s and unit wells listed above and listed upon Exhibit “B” attached hereto.

(OAC 165:5-7-1(e)) - The application shall be signed by the applicant, or an authorized agent of the applicant, or by the attorney for the applicant, and shall set out the mailing address, telephone number, facsimile number, electronic mail address and bar identification number of the person so signing it, as applicable. The person signing the application shall be deemed, on signing same, to be certifying that:

1) He has read the application.
2) To the best of his knowledge, information, and belief formed after reasonable inquiry the facts and allegations contained in the application are true and correct.
3) The applicant is not filed to harass or to cause unnecessary delay or needless expense.

Applicant: __________________________ Telephone #: __________________________
Address: __________________________ Fax #: __________________________
City: __________________________ E-mail address: __________________________
State: ________ Zip: ________ Bar ID #: __________________________
(if applicable)

____________________________________                                          ______________
Applicant Signature                        Date

Signature of the person above
(mark one item below):

___ Applicant

___ Authorized agent of the applicant

___ Attorney for the applicant
EXHIBIT “B”

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<tr>
<th>ORDER NO.</th>
<th>DATE</th>
<th>TYPE OF ORDER</th>
<th>LEGAL DESCRIPTION:</th>
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Well Name.    Classification    OTC Lease No.    API    Order No.
Please mail this completed form to the OCC at the following address:

Oklahoma Corporation Commission  
Attn: Court Clerk  
P.O. Box 52000  
Oklahoma City OK 73152-2000

“All persons mailing documents to the Court Clerk shall enclose a self-addressed postage-paid envelope large enough for the return of a filed stamped copy. Failure to enclose a self-addressed postage paid envelope will result in a filed stamped document not being returned.”