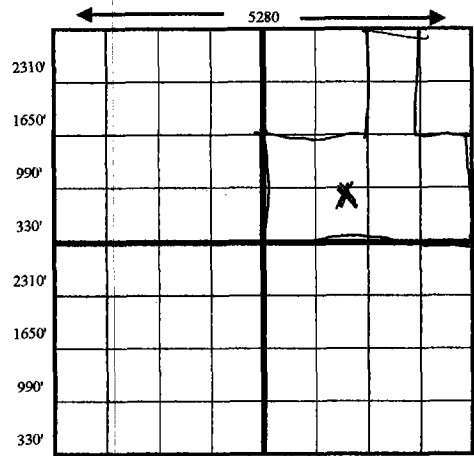


9/25/2013

INSTRUCTIONS

Please type or retype in BLACK INK.
Form must be signed by former AND new operator.
Outside boundaries of lease well area will be transferred.
Attach TOC's for well with an injection disposal classification.
List O.C.C. permit/order number for applicable mineral.
Attach M.I.T. less than 1 year old (30 days for commercial).

Transfer of Operatorship
OAC 165:10-5-10



API No. 35105-22434	OTC Prod. Unit No.		
Location 1/4 SE 1/4 SW 1/4 NE 1/4	Sec. 10	Twp. 27N	Rge. 15E
Pt. FSL 580	Pt. FWL 850	County Nowata	
Current Well Name & No. Keith 1W			
Original Well Name & No. Keith 1W			
OCC Permit/Order No. 221171	Unit Name (if applicable)		

Well Classification: Injection Disposal Transfer Effective Date (Month/Day/Year): 09 / 01 / 2013

The effective date of transfer is the date the new operator took over ownership of this well.

CURRENT OPERATOR			OCC/OTC No. 22274
Name Harold Charles Call			
Address PO Box 306			
City Copan	State OK	Zip 74022	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.			
Signature Harold Charles Call		Owner/Operator 918-440-9437	
Name & Title (Print or Type)		(AC) Phone	
Signed and sworn to before me this 23 rd day of Sept. 2013			
Notary Public		My Commission Expires: 11/6/2013	

NEW OPERATOR			OCC/OTC No. 23078
Name Dustin Milligan			
Address 2213 Skyline Dr.			
City Bartlesville	State OK	Zip 74006	
Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property.			
Signature Dustin Milligan		Owner/Operator	
Name & Title (Print or Type)		(AC) Phone	
Signed and sworn to before me this 25 th day of Sept. 2013			
Notary Public		My Commission Expires: 11/23/2013	

I hereby certify that I have reviewed the proposed information and to the best of my knowledge and belief the information is true and correct and I am not aware of any facts or circumstances which would render the information false or misleading.		Signed and sworn to before me this _____ day of _____, 2013	
Signature		Notary Public	
My Commission Expires		My Commission Expires	

FOR O.C.C. USE ONLY

	Received	Approved Date	Rejected	Reason
Surety		9-26-2013		
OTC		9-26-2013		
Well Records		09/21/2013		

By processing this Form 10731, the Oklahoma Corporation Commission has approved the contents thereof as to form only. Oklahoma Corporation Commission does not warrant that the facts provided by the operator are true.

WELL RECORDS
APPROVED