BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA

Applicant: Address:	Cause Number					
City, State:	Zip:					
OTC Operat	or Number		_			
	APF	PLICATION FOR CHA	ANGE OF OPERATOR			
1. That OAC	OCC 165:5-7	-11 authorizes admini	Corporation Commission the following: strative approval for the change of operator, e deletion of designation of operator.			
	es and address Exhibit "A" att		g made a respondent to this application are			
3. The appli following:		ly requests that the fo	llowing orders be amended to allow for the			
()	Change Of O Appointment Delete Desig	perator Of Alternate Operat nated Of Operator	or			
ORDER NO	D. DATE	TYPE OF ORDER	LEGAL DESCRIPTION:			
(S	ee Exhibit "B" for a	dditional Orders)				

Cause Number

Wall Name	olfication	OTC Lease No	ADI	0-1-
Well Name. Clas	sification	OTC Lease No.	API	Orde
(See Exhibit "B" for additional Ord	1			
(a) The applicant respe	ctfully reque	sts that the Commiss	ion grant this	applicatio
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Delete as operator: Address: City, State: OTC Operator Numbe under the Order No.'s an hereto, and Designate as operator	r d unit well lis	Zip:		
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Delete as operator: Address: City, State: OTC Operator Numbe under the Order No.'s an hereto, and Designate as operator Address: City, State: OTC Operator Numbe (b) The applicant respect	r d unit well lis r: er	zip:zip:zip:zip:zip:	upon Exhibit "	B" attach
Delete as operator: Address: City, State: OTC Operator Numbe under the Order No.'s an hereto, and Designate as operator Address: City, State: OTC Operator Numbe (b) The applicant respecting to the properator of the properator o	r d unit well lis r: er	zip:zip:zip:zip:zip:zip:zip:	upon Exhibit "	B" attach
Delete as operator: Address: City, State: OTC Operator Numbe under the Order No.'s an hereto, and Designate as operator Address: City, State: OTC Operator Numbe (b) The applicant respect	r d unit well lis r: er	zip:zip:zip:zip:zip:zip:zip:	upon Exhibit "	B" attach

Applicant:

Applicant:	Cause Number
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	quest that the Commission delete the designation of sity and Well Location except Order No.'s and unit Exhibit "B" attached hereto.
The application is written this o	day of
Signature	Title

Cause Number _____

		Cause Number								
EXHIBIT "B"										
ORDER NO.	DATE	TYPE OF ORDER	LEG	SAL DESCRIPTION	N:					
	27,112	0. 0								
Mall N	lama .	Classification	OTC Lease No.	API	Order No.					
Well Name.		Classification	OTC Lease No.	AFI	Order No.					
			+							