TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT

CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

040198_Colt.pdf

Check Applicable Boxes:

Effective Date of Transfer 4-1-98

[X] Oil Lease: No. of Wells 4 **

Lease Name Colt

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

** SIDE TWO MUST BE COMPLETED **

Sec 35 T 23 R 14 W/E

[ ] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

Legal Description of Lease: E½ SE¼ & N½ NE¼

[ ] Enhanced Recovery Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____ **

County Woodson

Production Zone(s) Mississippi

Field Name Winterscheid

Injection Zone(s) _____

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 ☐

Past Operator's License No. ~~6688~~ 1,648

Contact Person: John L. Haas

Past Operator's Name and Address:
John L. Haas
P.O. Box 288
Yates Center, KS 66783

Phone: 316-625-2171

Date 4-1-98

Title Operator

Signature John L. Haas

New Operator's License No. 5935

Contact Person Mark L. Haas

New Operator's Name and Address
Mark L. Haas
12900 Metcalf, Suite 180
Overland Park, KS 66213

Phone 913-851-9845

Oil/Gas Purchaser EOTT/ Plains

Date 4-1-98

Title Operator

Signature

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

MUST BE FILED FOR ALL WELLS

SIDE
T1 7/

*LEASE NAME Colt

*LOCATION: 35-23-14

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 STATU (PROD/TA'I ABANDONEI
1-H		4950	Circle FSL/FNL	330	Circle FEL/FWL	oil	prod
2		3300	FSL/FNL	660	FEL/FWL	oil	prod
5		4950	FSL/FNL	990	FEL/FWL	oil	prod
9		2310	FSL/FNL	990	FEL/FWL	oil	prod
			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 t nsferring a unit which consists of more an one lease please file a separate si for each le. If a lease