

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

Check Applicable Boxes:

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

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

** 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 North Bradshaw

Injection Zone(s) _____

Surface Pond Permit # _____

Oil Lease: No. _____ (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. 07040 Contact Person: _____

Past Operator's Name and Address:

Derrick Resources, Inc.

515 W. Greens Rd., Ste. 1150

Houston, TX 77067

Dennis W. Bartoskewitz

Phone: _____

Date JUL 23 1998

Signature Dennis W. Bartoskewitz

Title Chief Financial Officer

New Operator's License No. 32340

Contact Person Phil Wade

New Operator's Name and Address

Phone 918-743-8060

Bluegrass Energy, Inc.

5727 S. Lewis, STE 720

Tulsa, OK 74105

Oil/Gas Purchaser Dynergy

Date 7/23/98

Signature Phil Wade

Title Pres.

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 _____

EPR Form T1 7/94

