

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 COLORADO DERBY BLDG.
WICHITA, KS 67202

J.H.

RECEIVED
STATE CORPORATION COMMISSION

Effective Date of Transfer 07/01/91

Check Applicable Boxes:

Lease Name E. BRUNER

[] Oil Lease: No. of Wells NOV 22 1991

1 Sec. T 18 S R 20 W/E
12 18 20

[X] Gas Lease: No. of Wells 2

Legal Description of Lease: SW 1/4 SE 1/4
in Sec 1; NW 1/4 NE 1/4 of sec 12

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

County FRANKLIN

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

Production Zone(s) _____

Injection Zone(s) _____

Field Name PAOLA/RANTOUL

Surface Pond Permit # _____

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit Burn Pit Storage Pit

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 3820

Contact Person: LARRY JONES

Past Operator's Name and Address:
J.A.E. EXPLORATION & DEVELOPMENT INC.
1401 HUDSON LANE #219
MONROE, LA 71201

Phone: 318-388-3658

Date 07/01/91

Title LARRY JONES

Signature See attached

New Operator's License No. 30787

Contact Person GEORGE W. SELL

New Operator's Name and Address
OWI OPERATING CO. LC
114 S. MAIN
OTTAWA, KS 66067

Phone 913-242-4499

~~Oil~~ Gas Purchaser PANDA

Date 11/20/91

Title GEORGE W. SELL

Signature X George W. Sell

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 _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____ .

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

090401 - Bruner.pdf
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

DOR 215424
STAMPED

Check Applicable Boxes:

- Oil Lease: No. of Wells _____ **
- Gas Lease: No. of Wells 4 **
- ** SIDE TWO MUST BE COMPLETED **

RECEIVED

OCT 15 2002

Effective Date of Transfer SEPT 4, 2001
Lease Name BRUNER
- - - SW Sec 6 T 18 R 21 E

Legal Description of Lease: SW/4 _____

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

KCC WICHITA

SEC.6-18-21E 1-18-20E

County FRANKLIN

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

Production Zone(s) PERU/SQUIRREL
Injection Zone(s) _____

Field Name UNKNOWN

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 _____

KB

Past Operator's License No. 30787 ✓
Exp. 8-30-2001

Contact Person: John Adger

Past Operator's Name and Address:

Phone: 301-622-4295

OWI Operating Company LC
227 S. Main
Ottawa, KS. 66067
Title Partner

Date 9/24/02

Signature [Signature]

New Operator's License No. 5150 ✓

Contact Person DENNIS KERSHNER

New Operator's Name and Address
COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

Phone 620-365-3111

Oil/Gas Purchaser ONEOK

Date 8-5-02

Title OFFICE MANAGER

Signature [Signature]

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_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____ Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

SIDE 2
T1 7/94

*LEASE NAME BRUNER
API NO.
WELL NO. (YR DRLD/PRE '67)

*LOCATION: SEC. 6-18-21 FRANKLIN COUNTY

FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line) TYPE OF WELL (OIL/GAS INJ/WSW) WELL STATUS (PROD/TA'D ABANDONED)

WELL NO.	API NO.	Circle	Circle	TYPE OF WELL	WELL STATUS
1	15-059-24,313	2310FSL	4125FEL	GAS	PROD
A1	N/A 15-059-22422	4848FSL	4180FEL	GAS	PROD
B1(2)	N/A 15-059-22421	5032FSL	2873FEL	GAS	PROD Sec 1-18-20E
3	15-059-24,417	330FSL	4920FEL	GAS	PROD

SEARCHED

SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.