

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

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

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

County FRANKLIN

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
Past Operator's Name and Address:

Contact Person: John Adger

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]

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 2
T1 7/94

*LEASE NAME BRUNER

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

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 STATUS
(PROD/TA'D
ABANDONED)

WELL NO.	API NO. (YR DRLD/PRE '67)	Circle	Circle	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
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

SCANNED

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.