

**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 215427(1)
DOR 215428(2)

Check Applicable Boxes:
 Oil Lease: No. of Wells _____ **
 Gas Lease: No. of Wells 5 **

RECEIVED
OCT 15 2002

Effective Date of Transfer SEPT 4, 2001
Lease Name DAVIDSON
NW/4, S/2 NE/4, NW/4 SE/4
Sec 12 T18 R 20E

** SIDE TWO MUST BE COMPLETED **

KCC WICHITA

Legal Description of Lease: NW/4, S/2 NE/4,
NW/4 SE/4
SEC.12-18-20E

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

County FRANKLIN

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

Production Zone(s) PERU
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 _____ *KB*

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

Contact Person: John Adger

Past Operator's Name and Address:
OWI Operating Company LC
227 S. Main
Ottawa, KS. 66067
Title Partner

Phone: 301-622-4295

Date 9/24/02

Signature *John Adger*

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

Signature *Dennis Kershner*

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 _____

MUST BE FILED FOR ALL WELLS

*LEASE NAME DAVIDSON

*LOCATION: SEC. 12 -18-20 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)
1	N/A 15-059-24,304	✓	3251FSL	386 FEL	GAS	PROD
2	15-059-24,305	✓	4950FSL	3300FEL	GAS	PROD
3	N/A 15-059-24348	✓	3228FSL	3115FEL	GAS	PROD
4	15-059-24,410	✓	2310FSL	2310FEL	GAS	PROD
5	15-059-24,411	✓	3630FSL	2310FEL	GAS	PROD

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.

SCANNED