REQUEST FOR CHANGE OF OPERATOR	KANSAS CORPORATION COMMISSION
TRANSFER OF INJECTION AUTHORIZATION	CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202
LLOUI No of Walle **	
Oil Lease: No. of Wells ** X Gas Lease: No. of Wells ** OCT	5 2002 NW/4 Sec 6_T18 R_21E
** CIDE TWO MUST RE COMPLETED **	
KCC WI	CHTLegal Description of Lease: NW/4
Saltwater Disposal Well - Docket No.	SEC. 6-18-21E / E/L-SF/4 /2-18-20E
Spot Location: feet from S Line	SEC. 0-10-21E
feet from E Line	CountyFRANKLIN
Enhanced Recovery Proj. Docket No Entire project: Yes/No	
Number of injection wells **	Production Zone(s) PERU
Number of injection wells** Field NameUNKNOWN*********************************	Injection Zone(s)
**************	*********
Surface Pond Permit #	Feet from N/S Line of Section
(API No. If Drill Pit)	Feet from E/W Line of Section
dentify: Emergency Pit Burn Pit Storag	ge Pit Drill Pit

Past Operator's License No. 30787 Exp. 8-30-2001	Contact Person: John Adger
Exp. 8-30-2001	001 (00 1007
Past Operator's Name and Address:	Phone: 301-622-4295
OWI Operating Company LC	Date 9/24/02
227 S. Main Ottawa, KS. 66067	Date
	Signature 3
Title <u>Partner</u>	**************************************
New Operator's License No5150	Contact PersonDENNIS KERSHNER
New Operator's Name and Address	Phone620-365-3111
COLT ENERGY, INC.	
P.O. BOX 388	Oil/Gas Purchaser ONEOK
OLA, KS 66749	
	Date 8-5-02
	Signature (/)
TitleOFFICE MANAGER	Signature brus Keishine
	equest 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 of	only and does not convey any ownership interest in the above injecti
well(s) or pond permit.	
is acknowledged	is acknowledged as the
as the new operator and may continue to	new operator of the above named lease containing
inject fluids as authorized by Docket #	the surface pond permitted by #
. Recommended action	
	Date
Date Authorized Signature	Date Authorized Signature
Authorized Signature	Authorized Signature

KANSAS CORPORATION COMMISSION

Form T1 7/94