

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
June 2000  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

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

DKR 224659

RECEIVED

Check Applicable Boxes:

☐ Oil Lease: No. of Wells \_\_\_\_\_

☒ 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 Project Docket No. \_\_\_\_\_

Entire Project: ☐ Yes ☐ No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Cherokee Basin Coal Area

MAR 23 2004

KCC WICHITA

Effective Date of Transfer: January 1, 2004

Lease Name: Selter #23-1

\_\_\_\_ - \_\_\_\_ - NW - SW Sec. 23 Twp. 33S R. 12E ☒ E ☐ W

Legal Description of Lease: 1800 FSL & 330 FWL;  
Sec. 23-33S-12E

County: Chautauqua

Production Zone(s): Cherokee Coals

Injection Zone(s): \_\_\_\_\_

Surface Pond Permit # 15-019-26604

(API # If Drill Pit)

\_\_\_\_\_ feet from N / S Line of Section

\_\_\_\_\_ feet from E / W Line of Section

93C

Identify:

☐ Emergency Pit

☐ Burn Pit

☐ Storage Pit

☐ Drill Pit

Past Operator's License No. 04448

Past Operator's Name & Address: Perkins Oil Enterprises, Inc.

Post Office Box 707 Howard, Kansas 67349

Title: President

Contact Person: Mr. James R. Perkins

Phone: (620) 374-2133

Date: March 1, 2004

Signature: \_\_\_\_\_

New Operator's License No. 33344

New Operator's Name & Address: Quest Cherokee LLC

5901 North Western, Suite 200 Oklahoma City, OK 73118

Title: CEO

Contact Person: Mr. Jerry Cash

Phone: (405) 840-9894

Oil / Gas Purchaser: BlueStem Pipeline LLC

Date: March 1, 2004

Signature: \_\_\_\_\_

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pond permit # 15-019-26604 has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment 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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

15-019-26604 3/18/05 MAR 23 2005 3/21/05

\* Location: Sec. 23-33S-12E

~~KCC WICHITA~~

\* 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.

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Spot Location: \_\_\_\_\_ feet from N / S Line

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☐ Enhanced Recovery Project Docket No. \_\_\_\_\_

Entire Project: ☐ Yes ☐ No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Cherokee Basin Coal AreaEffective Date of Transfer: January 1, 2004Lease Name: Selter #23-1\_\_\_\_ - \_\_\_\_ - \_\_\_\_ NW - SW Sec. 23 Twp. 33S R. 12E ☒ E ☐ WLegal Description of Lease: 1800 FSL & 330 FWL;Sec. 23-33S-12E SE4 NE4 SE4 ofSec 23County: ChautauquaProduction Zone(s): Cherokee Coals

Injection Zone(s): \_\_\_\_\_

Surface Pond Permit # 15-019-26604

(API # If Drill Pit)

Identify:

☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill PitPast Operator's License No. 04448Past Operator's Name & Address: Perkins Oil Enterprises, Inc.Post Office Box 707 Howard, Kansas 67349Title: PresidentContact Person: Mr. James R. PerkinsPhone: (620) 374-2133Date: March 1, 2004

Signature: \_\_\_\_\_

New Operator's License No. 33344New Operator's Name & Address: Quest Cherokee LLC5901 North Western, Suite 200 Oklahoma City, OK 73118Title: CEOContact Person: Mr. Jerry CashPhone: (405) 840-9894Date: March 1, 2004

Signature: \_\_\_\_\_

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MAR 15 2005

KCC WICHITA

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Authorized Signature

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permitted by # \_\_\_\_\_ .

Date: \_\_\_\_\_

Authorized Signature