## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form T-1 April 2004 Form must be Typed Form must be Signed All blanks must be Filled

Charle Applicable Bours			
Check Applicable Boxes:    Vision   Vis	Effective Date of Transfer: 1-1-05		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 128748 Lease Name: SUTHERLAND #1		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location:feet from N/ S Line			
feet from E / W Line	Legal Description of Lease: 4940 'FNL 4940 'FWL		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: MEADE		
Number of Injection Wells***	Production Zone(s): 6495 '		
Field Name: CROOKED CREEK			
Side Worlds Se completed	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
7711	HOMYDD GRODE		
Past Operator's License No. 7744	Contact Person: HOWARD SHORT		
SHO-BAR ENERGY INC.	Phone: 620/896-2710		
215 EAST 14 th HARPER KS 67058	Date: 1-1-05		
Title: SECRETARY	Signature: Quipaule		
New Operator's License No. 33514	Contact Person: ALLEN BARBY		
JO-ALLYN OTL CO. TNO			
New Operator's Name & Address: P.O. BOX 446 LAVERNE, OK 73848			
	Oil / Gas PurchaserPLAINS MARKETING		
,	Date: 1-1-05		
Title: PRESIDENT	Signature: Olubuly		
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Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface plt permit #has bee		
	oration Commission. This acknowledgment of transfer pertains to Kansa		
Corporation Commission records only and does not convey any ownershi	•		
Josponaudi Goniniasion records drily and does not convey any owneran	ip interest in the above injection well(s) or pit permit.		
is acknowleged as the	ic cohonulared on th		
	is acknowleged as th		
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface p		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature RECEIV		
DISTRICT EPR 2 14 05	PRODUCTION FEB 1 6 2005 UIC 2-15-05ECETV		
Mall to: Past Operator New Operator	District District		





## Must Be Filed For All Wells

Lease Name	SUTHERLAND #1	* Location:	ation:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
#1	15-119-20779	4940 Circle	4940 FEL FWL	OIL	PROD
٠,		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL	. •	<del></del>
		F\$L/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		
	**.	FSL/FNL	FEL/FWL		
			FEL/FWL		
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	3		FEL/FWL .		
			FEL/FWL	•	
		FSL/FNI	L FEL/FWL .		
		FSL/FN	LFEL/FWL		
		F\$L/FN	LFEL/FWL		
		FSL/FN	LFEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.