# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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Form T-1 April 2004

AUG 07 2007 Form must be Typed Form must be Signed All blanks must be Filled

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

| Check Applicable Boxes:                                                 | 1                                                                     |  |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|
| ✓ Oil Lease: No. of Oil Wells**                                         | Effective Date of Transfer: 1/1/07                                    |  |  |
| Gas Lease: No. of Gas Wells**                                           | KS Dept of Revenue Lease No.: 112313 VMB                              |  |  |
| Gas Gathering System:                                                   | 1                                                                     |  |  |
| Saltwater Disposal Well - Permit No.:                                   | Lease Name: WEISS 3                                                   |  |  |
| Spot Location: feet from N / S Line                                     | SE_SW_SE_SE_Sec. 21 Twp. 14S R. 2 EVW                                 |  |  |
| feet from E / W Line                                                    | Legal Description of Lease: SOUTHEAST QUARTER (SW/4)                  |  |  |
| Enhanced Recovery Project Permit No.:                                   | SECTION 21, TOWNSHIP 14S, RANGE 2W 6TH PM                             |  |  |
| Entire Project: Yes No                                                  | County: SALINE                                                        |  |  |
| Number of Injection Wells**                                             |                                                                       |  |  |
| Field Name: SALINA                                                      | Production Zone(s): VIOLA                                             |  |  |
| ** Side Two Must Be 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                                            |  |  |
| 7                                                                       |                                                                       |  |  |
| Past Operator's License No. 6306 /                                      | Contact Person: MARVA WALKER                                          |  |  |
| Past Operator's Name & Address: TOM BROWN CONSTRUCTION                  | Phone:                                                                |  |  |
| 24506 BONNET ROAD, ASTOR, FL 32102                                      | Date:                                                                 |  |  |
| Title: OWNER                                                            | Signature: Marya Walker                                               |  |  |
| Tide; STITE:                                                            | Signature: 1- Lawa yarres                                             |  |  |
| New Operator's License No. 33095 ✓                                      | Contact Person: MORRIE SODERBERG                                      |  |  |
| New Operator's Name & Address: OIL PARTNERS LLC                         | Phone: 785-826-8216                                                   |  |  |
| P.O. BOX 1851                                                           | Oil / Gas Purchaser: NCRA                                             |  |  |
| SALINA, KS 67402-0856                                                   | Date: 7/25/07                                                         |  |  |
| Title: MEMBER                                                           | Manufa A. I. K.                                                       |  |  |
| litle:                                                                  | Signature:                                                            |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection | authorization, surface pit permit # has been                          |  |  |
| noted, approved and duly recorded in the records of the Kansas Corpor   | ration Commission. This acknowledgment of transfer pertains to Kansas |  |  |
| Corporation Commission records only and does not convey any ownership   | - · · · · · · · · · · · · · · · · · · ·                               |  |  |
| is acknowleged as the                                                   | is acknowleged as the                                                 |  |  |
| new operator and may continue to inject fluids as authorized by         | new operator of the above named lease containing the surface pi       |  |  |
| Permit No.: Recommended action:                                         | permitted by No.:                                                     |  |  |
|                                                                         |                                                                       |  |  |
| Date:                                                                   | Date:                                                                 |  |  |
| Authorized Signature  DISTRICT FPR 8-8-07                               | Authorized Signature PRODUCTION AUG 0 8 2007 LIIC \$7.50.7            |  |  |
|                                                                         | 0.0 3                                                                 |  |  |
| Mail to: Past Operator New Operator                                     | District                                                              |  |  |

#### Side Two

#### Must Be Filed For All Wells

|              | No.: 112313                                   |                                                                |              |                          | 440 0004 000 04 05 (              | N4/05                                |
|--------------|-----------------------------------------------|----------------------------------------------------------------|--------------|--------------------------|-----------------------------------|--------------------------------------|
| * Lease Name | . <u>VVE188 3</u>                             |                                                                | * Lo         | ocation:                 | 14S, R2W, SEC 21, SE 9            | SW SE                                |
| Well No.     | API No.<br>(YR DRLD/PRE '67)<br>15-169-20.088 | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |              |                          | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 3            |                                               | Circle<br>33 o (FSI)/FNL                                       | <u> 1650</u> | <i>Circle</i><br>FEL)FWL | OIL'                              | PRODUCING /                          |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              | •                                             | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        | [            | FEL/FWL                  |                                   | -AEN/ED                              |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   | ECEIVED<br>UG U 2007                 |
|              |                                               | FSL/FNL                                                        | 1            | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        | [            | FEL/FWL                  | KO                                | CWICHITA                             |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        | 1            | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              |                                               | FSL/FNL                                                        |              | FEL/FWL                  |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               | FSL/FNL                                                        |              | EL/FWL                   |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               |                                                                | F            |                          |                                   |                                      |
|              |                                               |                                                                |              |                          |                                   |                                      |
|              |                                               | FSL/FNL                                                        | F            | EL/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.