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

Check Applicable Boxes:	•		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 1-08		
Gas Lease: No. of Gas Wells**	100001		
Gas Gathering System:	KS Dept of Revenue Lease No.: 143224		
Saltwater Disposal Well - Permit No.:	Lease Name: COX		
Spot Location:feet from N / S Line			
feet from E / W Line	Legal Description of Lease: NW/4 AND SW/4		
Enhanced Recovery Project Permit No.: E 27,062			
Entire Project: Yes No	County: LINN		
Number of Injection Wells	_		
Field Name: Goodrich PARKER	Production Zone(s): Square!		
** Side Two Must Be Completed.	Injection Zone(s): Squerie		
Surface Pit Permit No.:			
(API No. if Dritt Pit, WO or Haul)	feet fromN / S Line of Section		
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section		
	Haul-Off Workover Drilling		
Past Operator's License No. 33030/	Contact Person: MARVINT. Kimzey		
Past Operator's Name & Address: MARVINT, Kimzey	Phone: 9/3-898-2375		
20284 HADSALIRD. PARKER KS LOW,			
Title: OWNER			
Title, Clarify	Signature: Man Tily		
New Operator's License No. 34014	Value 7 D-		
	Contact Person: Kelly J. Petelson		
New Operator's Name & Address: PCTEVSON O'L HC.	Phone: 8/6-365-1977 RECEIVED		
2530 Bayard Ave KCKS	Oil / Gas Purchaser:		
66105	Date: 3-1-0,8 MAR 10 2008		
Title: Owner	A A A A		
	Signature: CONSERVATION DIVISION WICHITA, KS		
Acknowledgment of Transfer: The above request for transfer of injection			
	ration Commission. This acknowledgment of transfer pertains to Kansas		
Corporation Commission records only and does not convey any ownership			
	, sold, or proportion		
Revision U'il IIC 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 pit		
Permit No. F-27.062 . Recommended action:			
None	permitted by No.:		
Date: 9.2308 Broken Montan	Date		
Authorized Signifure (C)	Date:		
DISTRICT EPR 9023-09	PRODUCTION SEP 2 9 2008 UIC 9 23-08		
Mail to: Past Operator $9-23-08$ New Operator 9	23-08 District 9-23-08 3		

Must Be Filed For All Wells

	KDOR Lease	No.:	, , , , , , , , , , , , , , , , , , ,	*Location: 21-208-22E		
,	Lease Name:	Cox		* Location:C	الم طري ه	
	Well No.	API No. (YR DRLD/PRE '67)	Footage from Se (i.e. FSL = Feet from	ection Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
	2	15-107-21920/			Oil	Prod.
	3	15-107-21959	2400 (FSLIFNL	3400 FEDFWL	OIL	frod.
	5	15- 107-22311	14 DD STIFNE	3630 FEWFWL	OiL	Prod.
	6	15-107-22315/	LIDD FSTUFNL	3630 FELIFWL	OiL	Prod.
	9	15-107-22332		_	OiL	Prod.
	10	15-107-22341	_		Oil	Prod
	11	15-107-22344		_	OiL	Prod
	12	15-107-22351/		. —	OIL	Procl
	14	15-107-22354/	_		Oil	Prod.
	1	15-107-22381		_	INj	IN
¥ F	-enerborn	15-107-22466-00-0 docket E-27062 to		~	iNj	AI Split
77\	from	docket E-27,062 to	New Docted E-	29014 Effective FEL/FWL	1-1-08 Per T-1	
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
		A STATE OF THE STA	***************************************	FEL/FWL	Company to the state of the sta	
			FSL/FNL	Assertation assessment V		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		No. of the second secon
			FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary * Added to Docket 3-30-07 Split to New Docket

*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 continues and wall is leasted.

section please indicate which section each well is located.