KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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

Check Applicable Boxes:	1-22-07		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer.		
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: #K \$19093		
Gas Gathering System: n/a	Lease Name: Clark		
Saltwater Disposal Well - Permit No.: n/a			
Spot Location:_n/a . feet from \[\bigcup N / \[\bigcup S \\ Line			
n/a feet from E / W Line	Legal Description of Lease: Se 1/4 27-33-13,ne 1/4		
Enhanced Recovery Project Permit No.: n/a	34-33-13, and n1/2 nw1/4 34-33-13		
Entire Project: Yes No	County: Chautauqua		
Number of Injection Wells <u>n/a</u>	Production Zone(s): Mulky		
Field Name: Havana/Wayside			
** Side Two Must Be Completed.	Injection Zone(s): N/a		
Surface Pit Permit No.:	n/a feet from N/ S Line of Section		
(API No. if Drill Pit, WO or Haul)	n/a feet from E / W Line of Section		
- 10	$\sim 10^{-10}$		
Type of Pit:	Haul-Off		
Past Operator's License No. 30093 4/30/07	Contact Person: Andv Park		
Past Operator's Name & Address: Dark Treasures	Phone: 620-879-2189		
102 E 2nd. Canev Kansas 67333	Date:_1-5-07		
	a Lank		
Title: President	Signature:		
New Operator's License No. 33623 - 4/9 6/30/67 _	Contact Person:_Henry Boots		
New Operator's Name & Address Alleneray Inc.	Phone: 620-515-0629		
New Operator's Name & Address:Allenergy Inc. PO Box 1413 Coffeeville KS 47337			
FO BOX 1413 College line No. 4 1 2 3 1	Oil / Gas Purchaser: CMT/Bluestem		
-	Date:_1-5-07		
Title: Agent	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	interest in the above injection well(s) or pit permit.		
is acknowleged as the	is acknowleged as the		
new operator and may continue to inject fluids as authorized by	RECEIVED is acknowledged as the new operator of the above specified as the new operator of the new operat		
	KANSAS GOLDS COLLEGE STATES		
Permit No.: Recommended action:	permitted by No.: MAY 0 7 2007		
Deter	Date: CONSERVATION DIVISION		
Date:	Date:		
7 /2 17	PRODUCTION JUL 1 6 2007 UIC 7-13-07		
Mail to: Past Operator New Operator	District		

Side Two

Must Be Filed For All Wells

*Lease Name: CLarK			• Location: NW 1/4 of 34-33-13 €		
coase Hame			Location.		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from So	Line outh Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
#1	15-019-26302	330 Circle 330	Circle FEVFWI	gas	prod /
	·	FSL/FNL	_ FEL/FWL		
	· · · -	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		4
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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4		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	RE(CEIVED PRATION COMMISSION
		FSL/FNL	FEL/FWL		0 7 2007
		FSL/FNL	FEL/FWL	CONSER	VATION DIVISION
		FSL/FNL	FEL/FWL	W	ICHITA, KS

A separate sheet may be attached if necessary

^{*} 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