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JUN 22 2005

KCC WICHITA

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 _____ **
- ☒ Gas Lease: No. of Gas Wells 1 _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: _____

**** Side Two Must Be Completed.**Effective Date of Transfer: 5/1/2005KS Dept of Revenue Lease No.: 221570Lease Name: Setterstrom_____ - nw - nw - nw Sec. 3 Twp. 35 R. 2 ☒ E ☐ WLegal Description of Lease: NW/4 SEC 3-359-2ECounty: SUMNERProduction Zone(s): HOOVER

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)_____ feet from ☐ N / ☐ S Line of Section_____ feet from ☐ E / ☐ W Line of Section *KBR*Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ DrillingPast Operator's License No. 33407Past Operator's Name & Address: DRAKE EXPLORATIONP.O. BOX 437 HAYSVILLE, KS 67060

Title: _____

Contact Person: DARREN BROYLESPhone: 620-441-7223Date: 5/16/2005Signature: *Cathy Byers*New Operator's License No. 33556New Operator's Name & Address: DRAKE EXPLORATION, LLCP.O. BOX 437 HAYSVILLE, KS 67060Title: PRESIDENTContact Person: DARREN BROYLESPhone: 620-441-7223Oil / Gas Purchaser: CYCLONE PETROLEUM *MAY 23 2005*Date: 5/16/2005Signature: *Cathy Byers* *KCC WICHITA*

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 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 pit permit.

_____ is acknowledged as the
new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing the surface pit
permitted by No.: _____ .

Date: _____

Authorized Signature

DISTRICT _____ EPR 6/23/05 PRODUCTION JUN 23 2005 UIC 6-23-05
Mail to: Past Operator _____ New Operator _____ District _____

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

050105_Setterstrom.pdf

Side Two

Must Be Filled For All Wells

* Lease Name: Setterstrom

* Location: NW/4 SEC 3-359-2E

Well Status
(PROD/TA'D/Abandoned)

[illegible]

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* 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.