

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

DKR 105587

Check Applicable Boxes:

[X] Oil Lease: No. of Wells 1 4107003

[] Gas Lease: No. of Wells 0 0000000

** SIDE TWO MUST BE COMPLETED **

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

[X] Enhanced Recovery Proj. Docket No. E-21490

Entire project: Yes/No

Number of injection wells 1 **

Field Name Salina

Surface Pond Permit # _____
(API No. if Drill Pit)

Identify: Emergency Pit

Burn Pit

Storage Pit

Drill Pit

40

Past Operator's License No. 6569 ✓

Contact Person: Carmen Schmitt

Past Operator's Name and Address:

CARMEN SCHMITT INC.

P.O. Box 47

Great Bend KS 67530

Title Secretary

Phone: 316-793-5100

Date 6-1-00

Signature Carmen Schmitt

New Operator's License No. 6819 ✓

Contact Person Jay Scott

New Operator's Name and Address

Scotts Well Service

Box 136

Boxbury KS 67976

Phone 785-254-7828

Oil/Gas Purchaser UCRA

Date 1-6-03

Signature Jay Scott

Title Partner

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

Scotts Well Service is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # E-21490. Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date 4-16-03 Byron Bland
Authorized Signature

Date _____
Authorized Signature

MUST BE FILED FOR ALL WELLS

*LEASE NAME Stahl

*LOCATION: _____

WELL NO. _____
API NO. _____
(YR DRLD/PRE '67) _____

FOOTAGE FROM SECTION LINE
(i.e. FSL=feet from South Line)

TYPE OF WELL
(OIL/GAS
INJ/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

WELL NO.	API NO.	FOOTAGE FROM SECTION LINE	FSL/FNL	FEL/FWL	TYPE OF WELL	WELL STATUS
2	15-169-00446 ✓	3300	Circle FSL/FNL	3306 Circle FEL/FWL	OIL	T.A.
3 SWD	65-14-64	4950	Circle FSL/FNL	3300 Circle FEL/FWL	MSW	Active
_____	_____	_____	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	_____	_____
_____	_____	_____	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	_____	_____

SCANNED

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

*When transferring a unit which consists of more than one lease please file a separate sheet for each lease. If a lease covers more than one section, please indicate which section each well is located.