

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm T-1  
June 2000  
Form must be Typed  
Form must be Signed  
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes:

☐ Oil Lease: No. of Wells \_\_\_\_\_\*\*☒ Gas Lease: No. of Wells 1\_\_\_\_\_\*\*

\*\*Side Two Must Be Completed.

☐ Saltwater Disposal Well - Docket No. \_\_\_\_\_Spot Location \_\_\_\_\_ feet from ☐ N / ☐ S Line\_\_\_\_\_ feet from ☐ E / ☐ W Line☐ Enhanced Recover Project Docket No. \_\_\_\_\_Entire Project: ☐ Yes ☐ No

Number of Injection Wells \_\_\_\_\_\*\*

Field Name: NeodeshaEffective Date of Transfer: June 1, 2002Lease Name: B.N. Lies Trust\_\_\_\_\_ - \_\_\_\_\_ - SE - SE Sec. 12 Twp. 31 S. R. 15 ☒ E ☐ WLegal Description of Lease: E2 SE4County: MontgomeryProduction Zone(s): Cherokee Coal Beds

Injection Zone(s): \_\_\_\_\_

Surface Pond Permit # \_\_\_\_\_

(API # If Drill Pit)

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of Section

Identify:

☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill PitPast Operator's License No. 32803Past Operator's Name & Address: CB Gas Managers LLCP O Box 1053, Traverse City MI 49685-1053East Lansing MI 48826-1267Title: ManagerContact Person: Joseph G. KostrzewaPhone: 231-929-4466Date: July 19, 2002

Signature: \_\_\_\_\_

New Operator's License No. 33074New Operator's Name & Address: Dart Cherokee Basin Operating Co.,LLC, 600 Dart Rd, P O Box 177, Mason MI 48854-0177Title: Vice President of OperationsContact Person: Rudolph J. SchweizerPhone: 517-676-2900Oil/Gas Purchaser: Crude Marketing/OneOk, Woodward Marketing,  
BensonDate: July 19, 2002

Signature: \_\_\_\_\_

**Acknowledgment 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.

\_\_\_\_\_ is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Docket # \_\_\_\_\_. Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface  
pond permitted by: # \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

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

7/31/2002 AUG 01 2002 8/02

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JUL 29 2002

KCC WICHITA

\* Lease Name: B.N. Lies Trust

\* Location: Montgomery County, KS

API No.  
(YR DRLD/PRE '67)

Footage from Section Line  
(i.e. FSL = Feet from South Line)

Type of Well  
(Oil/Gas/INJ/WSW)

Well Status  
(PROD/TA'D/Abandoned)

[illegible]

\* 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.