

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 4 **
- ☒ Gas Lease: No. of Gas Wells 2 **
- ☐ 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: 6-10-08 6-10-08
KS Dept of Revenue Lease No.: MA 114287 MB
Lease Name: Mable Lease
W/2 SW/4 Sec. 9 Twp. 24 R. 18 ☒ E ☐ W
Legal Description of Lease: W/2 SW/4
County: Allen
Production Zone(s): Bartlesville
Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 5150 /
Past Operator's Name & Address: Colt Energy, Inc
P O Box 388 Iola, KS 66749
Title: Office Manager

Contact Person: DENNIS KERSHNER
Phone: 620365-3111
Date: 6-30-08
Signature: [Signature]

New Operator's License No. 34136 /
New Operator's Name & Address: Edward R. Fitzpatrick
Fitzpatrick Oil Co.
1850 Willow Rd.
Neosho Falls, KS 66758
Title: _____

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Contact Person: Ed Fitzpatrick
Phone: 620-963-7233 **JUL 03 2008**
Oil / Gas Purchaser: _____
Date: 6-21-08 CONSERVATION DIVISION
Signature: Edward R Fitzpatrick WICHITA, KS

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 <u>7-7-08</u>	PRODUCTION <u>JUL 08 2008</u>	UIC <u>7-8-08</u>
Mail to: Past Operator _____	New Operator _____	District _____	

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

* Lease Name: Mabie

* Location: W/2 SW/4 9-24-18 Allen County, 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 section please indicate which section each well is located.

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JUL 03 2008

CONSERVATION DIVISION
WICHITA, KS