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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONREQUEST 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 1 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ 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: 7/25/05KS Dept of Revenue Lease No.: 104525 ✓Lease Name: LIZZIE BUCKBEESW - SE - NW - _____ Sec. 14 Twp. 20 R. 12 ☐ E ☒ WLegal Description of Lease: SE/4County: BARTONProduction Zone(s): ARBUCKLE

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 ABCType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ DrillingPast Operator's License No. 9764 ✓Past Operator's Name & Address: STEPCO, INC
PO BOX 155, ELLINWOOD KS 67526Title: SEC/TRESContact Person: JUNE STEPHENSPhone: 620-564-3000Date: 7/25/05Signature: June StephensNew Operator's License No. 33637 ✓New Operator's Name & Address: STEPCO OIL, INC
519 W. 6TH, PO BOX 155, ELLINWOOD, KS 67526Title: PRESIDENTContact Person: VINITA JUNE STEPHENSPhone: 620-564-2852Oil / Gas Purchaser: NCRADate: 7/25/05Signature: Vinita June Stephens

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 08-02-05 PRODUCTION AUG 04 2005 UIC 8/3/05
Mail to: Past Operator _____ New Operator _____ District _____

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

072505_Lizzie_Buckbee.pdf

Must Be Filled For All Wells

KDOR Lease No.: 104525

* Lease Name: LIZZIE BUCKBEE

* Location: SE/4 14-20S-12W

[illegible]

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.