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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONREQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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 2 **
- ☐ 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.: 104649 ✓Lease Name: SMITH, FK_____ Sec. 13 Twp. 19 R. 10 ☐ E ☒ WLegal Description of Lease: W/2 NW/4County: RICEProduction 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 *AB*Type 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 Stephens*New Operator's License No. 33637 ✓New Operator's Name & Address: STEPCO OIL, INC519 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 8-2-05 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_Smith_FK.pdf

Must Be Filed For All Wells

KDOR Lease No.: 104649

* Lease Name: SMITH, FK * Location: W/2 NW/4 13 19S 10W

[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.