

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

Check Applicable Boxes:

[x] Oil Lease: No. of Wells 2
[] Gas Lease: No. of Wells _____
** SIDE TWO MUST BE COMPLETED **
[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line
[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No _____
Number of injection wells _____ **

Effective Date of Transfer 8/1/03

Lease Name Byer

Sec 27 T 24 R 12 W E

Legal Description of Lease: _____

NW/4

County Stafford

Production Zone(s) KC

Field Name _____ Injection Zone(s) _____

Surface Pond Permit # _____ Feet from N/S Line of Section
(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐ FOR

Past Operator's License No. 32081 Contact Person: George Saling

Past Operator's Name and Address: Phone: 620-938-2470

Smokey Valley Resources, Inc.
PO Box 305
Chase, KS 67524

Date July 31, 2003

Title President Signature _____

New Operator's License No. 32494 Contact Person Dennis W. Dreiling

New Operator's Name and Address Phone 620-587-3658

J. D. Oil
215 6th Street
Claflin, KS 67525

Oil/Gas Purchaser _____

Date July 31, 2003

Title J-D Oil Signature _____

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.

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

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

Date _____ Authorized Signature _____

Date _____ Authorized Signature _____

Form T1 7/94

Aug 15 2003
Aug 14/03
Aug 15/03

MUST BE FILED FOR ALL WELLS

SLIDE 2
T1 7/94

*LEASE NAME Byer

*LOCATION: NW/4 27-24-12W

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)

3 15-185 - 20795-0001
6-16-84

3630 Circle
FSL/FNL 2970 Circle
FEL/FWL

Oil

Prod.

2 15-185 - 21771
3-12-83

500 FSL/FNL 3140 FEL/FWL

Oil

Prod.

FSL/FNL FEL/FWL

FSL/FNL FEL/FWL

FSL/FNL FEL/FWL

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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 side two for each lease. If a lease covers more than one section please indicate which section each well is located.