

AUG 28 2008

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form must be Typed
Form must be Signed
All blanks must be Filled

CONSERVATION DIVISION
WICHITA, KS

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: Basgall Ext (1/4s)

**** Side Two Must Be Completed.**

Effective Date of Transfer: 8/1/08

KS Dept of Revenue Lease No.: NONE

Lease Name: Stegman #3

SW - NE - NW - _____ Sec. 11 Twp. 16S R. 17 ☐ E ☒ W

Legal Description of Lease: NW/4 11-16S-17W

County: Rush

Production Zone(s): LKC

Injection Zone(s): _____

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover ☐ Drilling OK

Past Operator's License No. 9860 ✓

Past Operator's Name & Address: Castle Resources Inc.
PO Box 87 Schoenchen, KS 67667

Title: President

Contact Person: Jerry Green

Phone: 785-625-5155

Date: 8/19/08

Signature: [Signature]

New Operator's License No. 32875 ✓

New Operator's Name & Address: CWB-CO
40837 Bear Creek Rd., Springville, CA 93265

Title: OWNER

Contact Person: CW BOWLES

Phone: (559) 539 2505

☒ Gas Purchaser:

Date: 8-24-08

Signature: By CW Bowles

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 8-29-08

PRODUCTION SEP 03 2008

UIC 8-29-08

Mail to: Past Operator _____ New Operator _____ District _____

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

080108 Stegman 3.pdf

* Lease Name: Stegman #3

* Location: NW/4 11-16W-17W

[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.