

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 1 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D28,057
Spot Location: 1650 feet from ☐ N / ☒ S Line
790 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: wildcat

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

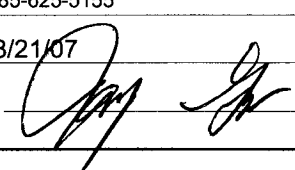
Effective Date of Transfer: ~~8/1/07~~ 8-28-07 per opr. 11-13-07
KS Dept of Revenue Lease No.: 135628 MB
Lease Name: Stull
_____-_____-_____- Sec. 14 Twp. 16 R. 20 ☐ E ☒ W
Legal Description of Lease: SE4 14-16S-20W
County: Rush
Production Zone(s): Arbuckle
Injection Zone(s): _____

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

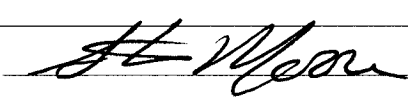
Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

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

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: 8/21/07
Signature: 

New Operator's License No. 340041
New Operator's Name & Address: Saxon Oil Company
5910 N. Central Expressway, Ste. 1250
Dallas, TX 75206
Title: CFO

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 10 2007
Contact Person: Steve Moore
Phone: 214-234-0552
Oil / Gas Purchaser: Plains
Date: _____
Signature: 

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 11-13-07 PRODUCTION NOV 14 2007 UIC 11-14-07
Mail to: Past Operator _____ New Operator _____ District _____

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

* Lease Name: Stull * Location: SE/4 14-16S-20W

CONSERVATION DIVISION
WICHITA, KS

* 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.