090401_Grimes.pdf

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT

DOR 221988

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KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

RECEIVED
OCT 15 2002
KCC WICHITA

Check Applicable Boxes:
[ ] Oil Lease: No. of Wells _____ **
[X] Gas Lease: No. of Wells __3___ **
** 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 _____**
Field Name _____UNKNOWN_____

Effective Date of Transfer _SEPT 4, 2001_____
Lease Name ___GRIMES_ _____
E/2 SE/4 Sec_31_T17 R_21E

Legal Description of Lease: E/2 SE/4

_____SEC.31-17-21E_____

County ____FRANKLIN_____

Production Zone(s)_PERU_____
Injection Zone(s) _____

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Surface Pond Permit # _____
(API No. If Drill Pit)

_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section

Identify: Emergency Pit ___ Burn Pit ___ Storage Pit ___ Drill Pit ___ KB

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Past Operator's License No. 30787 ✓
Exp. 8-30-2003

Past Operator's Name and Address:
OWI Operating Company LC
227 S. Main
Ottawa, KS. 66067

Title _____Partner_____

Contact Person: John Adger

Phone: 301-622-4295

Date 9/24/02

Signature _____

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New Operator's License No. ____5150__ ✓

New Operator's Name and Address
COLT ENERGY, INC.
P.O. BOX 388
IOLA, KS 66749

Title ____OFFICE MANAGER_____

Contact Person ___DENNIS KERSHNER_____

Phone _____620-365-3111_____

Oil/Gas Purchaser __ONEOK_____

Date _____8-5-02_____

Signature _____

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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 _____

Date _____ _____
Authorized Signature

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

Date _____ _____
Authorized Signature

Form T1 7/94

12/23/02 DEC 27 2002 12/02

SIDE 2

MUST BE FILED FOR ALL WELLS T1 7/94

*LEASE NAME GRIMES

*LOCATION: SEC. 31 -17-21 FRANKLIN COUNTY

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/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
1	N/A 059-24838 ✓	2230 Circle ~~832~~FSL	870 ~~884~~FEL Circle	GAS	PROD
2	N/A 059-24839 ✓	1020 ~~196~~FSL	860 ~~307~~FEL	GAS	PROD
3	N/A 059-24840 ✓	330 ~~2206~~FSL	330 ~~700~~FEL	GAS	PROD

SCANNED

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.