

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 _____ **
- ☒ Gas Lease: No. of Gas Wells 1 **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: 3300 feet from ☐ N / ☒ S Line
- 660 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: 9/20/05

KS Dept of Revenue Lease No.: 209652

Lease Name: STONESTREET

_____ C _____ SE _____ NE Sec. 11 Twp. 28 R. 15 ☐ E ☒ W

Legal Description of Lease: _____

County: PRATT

Production Zone(s): CHERR

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 7701

Contact Person: MARVIN SLOAN

Past Operator's Name & Address: GLE CORPORATION

Phone: 620-672-2269

518 WASHINGTON PRATT KS 67124

Date: 10-3-05

Title: OWNER

Signature: Marvin Sloan

New Operator's License No. 31925

Contact Person: JOE MAES

New Operator's Name & Address: QUALITY WELL SERVICE

Phone: 620-727-3410

401 W MAIN LYONS KS 67554

Oil / Gas Purchaser: SEMCRADE

Date: 9/20/05

Title: OWNER

Signature: Joe Maes

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 10/5/05 PRODUCTION OCT 07 2005 UIC 10/06/05
Mail to: Past Operator _____ New Operator _____ District _____

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

092005 Stonestreet.pdf

* Lease Name: STONESTREET * Location: _____

RECEIVED
OCT 05 2005
KCC WICHITA

* 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.