

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

100103 - Koelsch - A .pdf
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes:

Effective Date of Transfer 10-1-2002

[X] Oil Lease: No. of Wells 1 **

Lease Name KOELSCH "A"

[X] Gas Lease: No. of Wells same well **
** SIDE TWO MUST BE COMPLETED **

SE-SE-SW Sec 23 T24S R14 WE

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

Legal Description of Lease: _____

E/2 SW/4 OF SEC. 23-24S-14W

[] Enhanced Recovery Proj. Docket No. _____
Entire Project: Yes/No
Number of Injection Wells _____ **

County STAFFORD

Production Zone(s) MISSISSIPPIAN OSAGE

Field Name KOELSCH WEST

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 KB

Past Operator's License No. 9482 ✓
Past Operator's name and address:
NATIONAL PETROLEUM RESERVES, INC.
250 N. ROCK RD. #130
WICHITA, KS 67206-2241

Contact Person.. Ted c. Bredehoft

Phone: 316-681-3515

Date: 10/1/02

Title President

Signature: [Signature]

New Operator's License No. 32513 ✓

Contact Person: ROBERT VACLAVIK

New Operator's Name and Address:

Phone: 580-696-2883

LONE STAR RESOURCES CO.

Oil/Gas Purchaser _____

HC 2, BOX 14

Date: _____

KEYES, OK 73947

Title PRESIDENT

Signature: [Signature]

ACKNOWLEDGMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record of the 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 _____

Date _____

Authorized Signature

Authorized Signature

Form T1 7/94

FOR 11/8/2002 NOV 13 2002 UIC 11/02

* LOCATION: Stafford County, KS.

* LEASE NAME

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

WELL STATUS
(PROD/T'A'D
ABANDONED)[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.