## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 April 2004 Form must be Typed Form must be Signed All blanks must be Filled

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

Check Applicable Boxes:	, ,				
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 9/1/05 ////8/2005				
X Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 207565				
Gas Gathering System:	Overby 34 #1				
Saltwater Disposal Well - Permit No.:	Lease Name:				
Spot Location: feet from N / S Line	, •				
feet from E / W Line	Legal Description of Lease: SE 4 of Sec 34				
Enhanced Recovery Project Permit No.:	RECEIVED				
Entire Project: Yes No	County: Hamilton ANSAS CORPORATION COM				
Number of Injection Wells**	Production Zone(s): Council Grove				
Field Name:	557 2 1 200.				
; Side Two Must Be Completed	Injection Zone(s):  ONSERVATION DIVIS  WICHITA: KS				
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. 31765	Contact Person: Glenda Hunt				
Past Operator's Name & Address: Xeric 0il & Gas Corpora	tippe: 432-683-3171				
PO Box 352 Midland, TX 79702	Date: 9/8/05				
Title: Production Analyst	Signature: Lenda Y Sent				
New Operator's License No. 3829389 33701	Contact Person: Glenda Hunt				
New Operator's Name & Address: XOG Operating, LLC Phone: 432-683-3171					
PO Box 352 Midland, TX 79702	Oil / Gas Purchaser: Willjams Power Company, Inc.				
	9/8/05				
Title: CEO	Date: Signature:				
-	n authorization, surface pit permit #has been pration Commission. This acknowledgment of transfer pertains to Kansas p interest in the above injection well(s) or pit permit.				
is acknowleged as the	is acknowleged as the				
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit				
Permit No.: Recommended action:	permitted by No.: ·				
Date:	Date:				
Authorized Signature	Authorized Signature				
DISTRICTEPR/1/18/2005	PRODUCTION UIC UIC				
Mail to: Past Operator New Operator	District				

## Must Be Filed For All Wells

KDOR Lease	No.:				
Lease Name:	0		* Location:	SE 4 of Sec 34	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fo		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	1507520211 - 0000	2310 Circle	2310 Circle	Gas	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
					•
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		April
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	L FEL/FWL		
		FSL/FNI	L FEL/FWL		
		FSL/FN	LFEL/FWI		

<sup>\*</sup> 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 the section please indicate which section each well is located.