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DEC 12 2001

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1

June 2000

Form must be Typed

Form must be Signed

All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR

KCC WICHITA TRANSFER OF INJECTION OR SURFACE POND PERMIT

DOR 12/1/03

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 2 **☐ Gas Lease: No. of Wells _____ **

** Side Two Must Be Completed.

☐ Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N / S Line

_____ feet from E / W Line

☐ Enhanced Recovery Project Docket No. _____Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: _____

Effective Date of Transfer: December 1, 2001Lease Name: STEWARTE/2 SW/4 W/2 SE/4 Sec. 12 Twp. 24 R. 11 ☐ E ☒ W

Legal Description of Lease: _____

E/2 of SW/4 and W/2 of SE/4County: StaffordProduction Zone(s): Misener

Injection Zone(s): _____

Surface Pond Permit # _____

(API # 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 PitPast Operator's License No. 9860 ✓Past Operator's Name & Address: Castle Resources Inc.PO Box 87, Schoenchen, KS 67667Title: PresidentContact Person: Jerry GreenPhone: (785) 625-5155Date: 12-7-01

Signature: _____

New Operator's License No. 32699 ✓New Operator's Name & Address: ZU LLC108 W. 34, Hays, KS 67601Title: Zu LLC By Greg Whitehair, manager

PARTNER

Contact Person: Greg WhitehairPhone: (785) 625-6588

Oil / Gas Purchaser: _____

Date: _____

Signature: _____

Acknowledgment 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 acknowledgment 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

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

Must Be Filed For All Wells

* Lease Name: STEWART * Location: E/2 SW/4 W/2 SE/4

[illegible]

A 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.