RECEIVED SEP 1 4 2005 KCC WICHITA

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:	I
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 12/15/04
✓ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 22567/
Gas Gathering System:	Lease Name: Cox
Saltwater Disposal Well - Permit No.:	
Spot Location: 660 feet from N / ✓ S Line	SE SE Sec. 8 Twp. 28 R. 33 EV W
	Legal Description of Lease: Cox #1-8
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County:_Haskell
Number of Injection Wells**	
•	Production Zone(s): Hugoton
Field Name:	Injection Zone(s):
** Side Two Must Be Completed.	
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. 30978 GKP 5/11	Edge Cov
	Contact Person: Edna Cox
Past Operator's Name & Address: Forrest M. Cox	Phone: 620-675-2344
HCR1 Box 34, Sublette, Kansas 67865	Date: 12/15/04 Cana Care
Title: Owner	Signature: / Complete Cof
New Operator's License No. 32309	Contact Person: Richard J. Gray Rich Mc Plune
Dance Mosters II O	Phone: 303-864-1881 x+03 303-444-8881 Ext 106
New Operator's Name & Address: Presco Western LLC 5/80 VAlmont Rd 4356	Oil / Gas Purchaser: OneOk
Denver, Colo 80203 Boulder, CO 80301	
Denver, Colo 80203 Zoulo Ele, Colo 80203	Date: 12/15/6
Title: President OPERATIONS MANAGER	Signature:
	2 /
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 Corpor	ation 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 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
DISTRICT EPR 9/22/05 F	PRODUCTION SEP 2 3 2005 UIC 9/22/05
Mail to: Past Operator New Operator	District

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Side Two

Must Be Filed For All Wells

* Lease Name			* Location: S	sec 8 ,T28S, R33W, H	laskell County
Well No.	API No. Footage from Section Line (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1-8	15-081-20780	660 FSL	660 (FEL)	Gas	TxA'ed
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		·
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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.