## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form I-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:	1
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 10/20/09
✓ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 1006/19505 2/2/093
Gas Gathering System:	Lease Name: Stockham
Saltwater Disposal Well - Permit No.:	
Spot Location: 660 feet from ✓ N / S Line	CSWSWSec. 12Twp. 20R. 8E/_W
660 feet from 📝 E / 🔲 W Line	Legal Description of Lease: SW/4 of 12-20S-08W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Rice
Number of Injection Wells**	Production Zone(s): Chase Group
Field Name: Lyons	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Lige of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 8917 √	Contact Person: Dean Gustis
Past Operator's Name & Address: J. D. Production Co.	Phone: 620-562-7082
P. O. Box 254 Geneseo, KS 67444	Date: 10/20/09
Title: President	Signature: X Plan Gustus
New Operator's License No. 34163	Contact Person: Kent Strube
New Operator's Name & Address: Gas Chasers, Inc.	Phone: 620-786-4161
P. O. Box 533 Claflin, KS 67525	Oil / Gas Purchaser: North American Salt OCT 2 9 2009
	_ 10/20/09
Title: President	Signature: X & Signat
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 Corpo	ration Commission. This acknowledgment of transfer pertains to Kansas
Corporation Commission records only and does not convey any ownership	o 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.:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 13-3-0 9	PRODUCTION 12/3/09 UIC 12-3-09
Mail to: Past Operator New Operator	District

## Side Two

## Must Be Filed For All Wells

* Lease Name	Stockham		* Location: C-SW-SW Sec.12 - T20S - R8W				
Well No.	API No. (YR DRLD/PRE '67) 15-159-20703-/	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1		660	Circle FS 660	Circle FWL	Gas	PROD	
			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL		<del></del>	
			FSL/FNL	FEL/FWL			
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			FSL/FNL	FEL/FWL		<u> </u>	
		<del></del>	FSL/FNL	FEL/FWL		·	
			FSL/FNL	FEL/FWL			
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			_ FSL/FNL	FEL/FWL			
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			FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL		PLUEIVED	
			FSL/FNL	FEL/FWL		OCT 2 9 2009	
			FSL/FNL	FEL/FWL		KCC WICHITA	
		_	FSL/FNL	FEL/FWL			
			FSL/FNL	FEL/FWL			
			FSL/FNL				

A separate sheet may be attached if necessary

<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 one section please indicate which section each well is located.