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

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

**********

Check Applicable Boxes:

[X] 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 Proj. Docket No _____
Entire project: Yes/No
Number of injection wells _____**

Field Name _____

Effective Date of Transfer 2-1-97

Lease Name STEWART

__-__-__-__ Sec 12 T 24S R 11 W/E

Legal Description of Lease: _____

W/2 SW/4

County Stafford

Production Zone(s) Misener

Injection Zone(s) _____

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Surface Pond Permit # _____ (API No. 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 Pit ☐

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Past Operator's License No. 3833

Past operator's name and address:
John H. Shaida
4126 N. Sweet Bay Circle
Wichita, KS 67226

Title _____

Contact Person: John H. Shaida

Phone: (316) 636-2525

Date 2/11/97

Signature _____

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New Operator's License No. 9860

New Operator's Name and Address

Castle Resources, Inc.
1200 E. 27th St., Suite C
Hays, KS 67601-2120

Title _____

Contact Person Jerry Green

Phone (913) 625-5155

Oil/Gas Purchaser Farmland Industries

Date 2-11-97

Signature _____

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ACKNOWLEDGEMENT 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 acknowledgement 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.

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_____ 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

Form T1 7/94

SIDE 2
T1 7/94

**MUST BE FILED FOR ALL WELLS**

*LEASE NAME Stewart *LOCATION: SW/4 12-24S-11W Stafford Co., KS

| WELL NO. | API NO. (YR DRLD/PRE '67) | FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line) | | | | TYPE OF WELL (OIL/GAS INJ/WSW) | WELL STATUS (PROD/TA'D ABANDONED) |
|---|---|---|---|---|---|---|---|
| | | Circle | | Circle | | | |
| 1S | 15-185-21,960 | 660 | (FSL)/FNL | 2640 | (FEL)/FWL | OIL | TA'd |
| 2S | 15-185-22,173 | 1980 | (FSL)/FNL | 2640 | (FEL)/FWL | OIL | PROD |
| | | | 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.