

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:

[] Oil Lease: No. of Wells _____ **

[X] Gas Lease: No. of Wells 1 **

** 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 _____ **

Effective Date of Transfer 2-17-99

Lease Name DUSENBURY "D"

_____-_____-_____- Sec 35 T 31 R 09 W/E

Legal Description of Lease: _____

NW NW SW

County HARPER

Production Zone(s) MISS

Field Name SPIVEY GRABS

Injection Zone(s) _____

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 ☐

Past Operator's License No. 30602

Contact Person: JOHN M KELLEY

Past Operator's Name and Address:

JOHN M KELLEY
200 EAST FIRST, STE 301
WICHITA KS 67202-2194

Phone: (316) 262-3413 (316) 721-2401

Date 2/17/99

Title OWNER/OPERATOR

Signature [Signature]

New Operator's License No. 32433

Contact Person JOHN M KELLEY

New Operator's Name and Address

ONSHORE, L.L.C.
200 EAST FIRST, STE 301
WICHITA KS 67202-2194

Phone (316) 262-3413 (316) 721-2401

Oil/Gas Purchaser JN EXPLORATION & PRODUCTION
COLT RESOURCES CORP

Date 2/17/99

Title OWNER/OPERATOR/MANAGER

Signature [Signature]

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.

_____ is acknowledged
as the new operator and may continue to
inject fluids as authorized by Docket # _____
Recommended action _____

_____ is acknowledged as the
new operator of the above named lease containing
the surface pond permitted by # _____

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

RECEIVED
STATE OF KANSAS CORPORATION COMMISSION

FEB 19 1999

Conservation Division
Wichita, Kansas

Form T1 7/54

MUST BE FILED FOR ALL WELLS

*LEASE NAME DUSENBURY "D"

*LOCATION: HARPER CO KS

WELL NO. _____

API NO. _____
(YR DRID/PRE '67) *

TYPE OF WELL
(OIL/GAS
INJ/MSW)

WELL STATUS
(PROD/TA'D
ABANDONED)

1 _____
15-077-20486
NW NW SW 35-31-9W

2310
~~330'~~ circle FSL/FNL 330' circle FEL/FWL

GAS

PROD

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

_____ FSL/FNL _____ FEL/FWL

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_____ 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