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

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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 _____ **

Field Name Shimer

5/1/2000 Effective Date of Transfer

Lease Name Davis #1-4

~~NW~~ - ~~NW~~ Sec 4 T 33S R 16 W/E

Legal Description of Lease: _____

County Comanche

Production Zone(s) Mississippian

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. 31465

Past Operator's Name and Address:
Lyons & Lyons
1519 S. Baltimore
Tulsa, OK 74119

Title President

Contact Person: Trevor Lyons

Phone: (918) 587-2497

Date May 1, 2000

Signature Trevor M. Lyons

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New Operator's License No. ~~31020~~ 31021

New Operator's Name and Address
Castelli Exploration, Inc.
9500 Westgate Drive, Suite 101
Oklahoma City, OK 73162

Title President

Contact Person Thomas P. Castelli

Phone (405) 722-5511

Oil/Gas Purchaser Kansas Gas Supply

Date 5/1/00

Signature Thomas P. Castelli

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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.

_____ 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 # _____.

RECEIVED
STATE CORPORATION COMMISSION

Date _____ MAY 22 2000 Authorized Signature

CONSERVATION DIVISION
Wichita, Kansas

Form T1 7/94

EP&R 6/2/2000 PROD SEP 01 2000 UIC 7-27-00

SIDE 2

MUST BE FILED FOR ALL WELLS

T1 7/94

*LEASE NAME C.A. Davis #1

*LOCATION NW NW Section 4-33S-16W, Comanche

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)
1	15-033-20135 ✓	660' Circle FSL/FNL 660' Circle FEL/FWL	Gas	Prod
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
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		FSL/FNL FEL/FWL		

RECEIVED
STATE CORPORATION COMMISSION
MAY 22 2000
CONSERVATION DIVISION
Wichita, Kansas

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.