

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 _____ **

Field Name Wil Field

Surface Pond Permit # _____
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer May 1, 1996

Lease Name Smith Hon #1

SE-SE- - Sec 2 T 25S R 16 (W/E)

Legal Description of Lease: _____

County Edwards County, KS

Production Zone(s) Kinderhook

Injection Zone(s) _____

Feet from N/S Line of Section
Feet from E/W Line of Section

Storage Pit ☐ Drill Pit ☐ *14*

Past Operator's License No. 3959

Past Operator's Name and Address:

Siroky Oil Management, Inc.
P.O. Box 464
Pratt, KS 67124

Title _____

New Operator's License No. 31021

New Operator's Name and Address

Castelli Exploration, Inc.
9500 Westgate Drive Suite 101
Oklahoma City, OK

Title President

Contact Person: Brian Siroky **RECEIVED**
KANSAS CORPORATION COMMISSION

Phone: (316) 672-7722

Date May 23, 1996 MAY 30 1996

Signature *[Signature]* CONSERVATION DIVISION
WICHITA, KS

Contact Person Thomas P. Castelli

Phone (405) 722-5511

Oil/Gas Purchaser Edwards County Gas Company

Date May 23, 1996

Signature *Thomas P. Castelli*

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 # _____

Date _____
Authorized Signature

MUST BE FILED FOR ALL WELLS

***LEASE NAME** Smith Hon #1

***LOCATION:** SE SE Sec. 2 25S-16W

WELL NO.	API NO.	(YR DRLD/PRE '67)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
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364	365	366

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

TYPE OF WELL	WELL STATUS
(OIL/GAS	(PROD/TA'D
INJ/WSW)	ABANDONED)

[illegible]

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.