

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 1 **

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

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. 19,498

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 6-1-97

Lease Name JAMES

- - - Sec 26 T 16S R 29 W

Legal Description of Lease: _____

NW/4 NE/4 NW/4

County _____ Lane _____

Production Zone(s) Lansing/KC

Field Name _____

Injection Zone(s) _____ *cm*

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 _____ *st*

✓ Past Operator's License No. 4394 ✓

Past Operator's name and address:

Bisbee Oil & Gas, Inc.

1600 Dora

Kansas City, MO 64106-1399

Contact Person: Robert L. Bisbee

Phone: (816) 471-7200

✓ Date: June 13, 1997

Title President

✓ Signature: *Robert L. Bisbee*

New Operator's License No. 9860 ✓

New Operator's Name and Address:

Castle Resources, Inc.

1200 E. 27th St., Suite C

Hays, Kansas 67601-2120

Contact Person: Jerry Green

Phone: (913) 625-5155

Oil/Gas Purchaser NCRA

Date: 7-2-97

Title President

Signature: *Jerry Green*

ACKNOWLEDGMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the record of the 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

Form T1

P

MUST BE FILED FOR ALL WELLS

* LEASE NAME _____

* LOCATION: _____

WELL NO.	API NO. (YR DRLD/PRE '67)	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from KSouth Line)	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TAD ABANDONED)
		<u>Circle</u>	<u>Circle</u>	
_____	_____	_____ 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	_____
_____	_____	_____ 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.