

REVISED FOR CHANGE OF LOCATION
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 _____ **
[] 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 Edstaff

Surface Pond Permit # N/A
(API No. If Drill Pit)

Identify: Emergency Pit ☐ Burn Pit ☐

Effective Date of Transfer 10/01/95

Lease Name Emma Smith #1

_____ - _____ - _____ Sec 1 T25 R 16 W/X

Legal Description of Lease: _____

_____ W/2

County Edwards

Production Zone(s) Mississippi

Injection Zone(s) _____

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

Storage Pit ☐ Drill Pit ☐

Past Operator's License No. 31734

Past Operator's Name and Address:

Costilla Petroleum Corporation
P.O. Box 10369
Midland, Texas 79702

Title Regulatory Analyst

New Operator's License No. 31021

New Operator's Name and Address

Castelli Exploration, Inc.
9500 Westgate Drive, Suite 101
Oklahoma City, OK 73162

Title President

Contact Person: Chris McCracken

Phone: 915/686-6021

Date December 5, 1995

Signature Chris McCracken

Contact Person Mr. Thomas P. Castelli

Phone 405/722-5511

Oil/Gas Purchaser Northern Natural

Date 12-5-95

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

Form T1 7/9

EMMA SMITH

*LOCATION: | -255 - 16 W

API NO.
(YR DRLD/PRE '67) *

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

WELL STATUS
(PROD/TA'D
ABANDONED)

1-1-57

990.

circle circle
ESL/FNL 1650' FEL/FWL

GAS

7200

FEL/FWL

FEL/FWL

FEL/FWL**FEL/FWL**

FEL/FWL

FEL/FWL

FEL/FWL

FETI/FMT

FET./FMT.

FET / FMT

FBI / FBI

1134

*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.