

REQUEST FOR CHANGE OF OWNER (Form 7)

OHIO DEPARTMENT OF NATURAL RESOURCES

Division of Mineral Resources Management, 2045 Morse Road, Bldg. H-3, Columbus, OH 43229-6693
(614) 265-6633

A non-refundable fee of \$100.00 per well must accompany this form. Make checks payable to the Division of Mineral Resources Management.

Number of wells to be transferred ONE

Amount enclosed \$100.00

1. Date of Application: 21-Jul-10

2. Check Type of Request:

- If Individual Transfer, indicate API number: 34-099-2-3127-00-00
 If Multiple Transfer, list all API numbers and complete date on back of form.

3. COUNTY: Mahoning

4. CIVIL TOWNSHIP: Youngstown

5. WELL: One

6. LEASE NAME: North Star

7. SECTION: _____ 8. LOT: _____

9. FRACTION: _____ 10. QTR TWP: _____

12. Assignor Address and Telephone Number:

2761 Salt Springs Rd. Youngstown, Oh. 44509, 330-792-9524

13. Assignee/Transferee:

Northstar Disposal Services, LLC

14. Owner Number: 0704

11. I, We (Assignor/Transferor)
D&L Energy, Inc.

Owner # 2651 hereby requests that records on file with the Division of Mineral Resources Management, ODNR, State of Ohio, be amended to reflect the change of owner of the oil and/or gas well described in 3 through 10.

IF WELL HAS NOT BEEN SPUDDED, IT CANNOT BE TRANSFERRED

15. Assignee Address & Telephone Number:

2761 Salt Springs Rd. Youngstown, Oh 44509, 330-792-9524

16. Exempt Domestic Well (see criteria for domestic wells on attached information sheet)

- Yes No

The spacing/acreage requirements in effect under Ohio law at the time the well(s) was drilled will remain in effect for as long the well(s) exists. A revised survey plat and appropriate fee must be submitted to the Division if any changes are made to the drilling unit on file at the Division.

ASSIGNOR/TRANSFEROR:

I, the undersigned, hereby agree to furnish any and all records and reports required by the Division of Mineral Resources Management for compliance with Chapter 1509., ORC, and all rules of that Division for the period ending on the date of assignment. Furthermore, I hereby depose and state that all holders of royalty interests that are affected by this assignment or transfer will be properly notified in conformance with Section 1509.31, ORC. It is understood that my liabilities for this well WILL NOT BE TERMINATED UNTIL I COMPLY WITH THE ABOVE.

Susan Faith, President
(Signature of Assignor/Transferor)

ASSIGNOR/TRANSFEROR: D&L ENERGY, INC. BY: SUSAN FAITH, PRESIDENT
(Printed or Typed)

STATE OF OHIO COUNTY OF MAHONING being first duly sworn by me, says that the information set forth herein is true and accurate. SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 day of JULY, 2010.

(SEAL)

NCP
(Notary Public)



NICHOLAS C PAPARODIS
My Commission Expires
February 4, 2014

NOTE FOR WELLS TRANSFERRED TO LANDOWNERS: The well you are purchasing for domestic use may require periodic servicing to maintain productivity. When the well becomes incapable of production, you are required to plug the well and restore the site in accordance with Division requirements. Any brine produced must be properly disposed in accordance with Chapter 1509., ORC. You should be aware after transfer, ALL EXPENSES incurred are the responsibility of the well owner.

ASSIGNEE/TRANSFEE:

I, the undersigned, depose and state that I am the owner of aforementioned oil and/or gas well and that I have the right to appropriate the oil or gas that I produce therefrom either for myself or others. I further depose and state that I shall comply with the assignor/transferor's Restoration Plan and will comply with the requirements of Chapter 1509., ORC, and Chapter 1501., OAC, for the disposal of brine. Further, it is understood that upon proper completion of this form, I will become the "owner" as defined under Chapter 1509., ORC, and must comply with all laws, rules and orders by the Chief of the Division of Mineral Resources Management.

Susan Faith, member
(Signature of Assignee/Transferee)

ASSIGNEE/TRANSFEE: NORTHSTAR DISPOSAL SERVICES, LLC BY: SUSAN FAITH MEMBER
(Printed or Typed)

STATE OF OHIO COUNTY OF MAHONING being first duly sworn by me, says that the information set forth herein is true and accurate. SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 day of JULY, 2010.

(SEAL)

NCP
(Notary Public)



NICHOLAS C PAPARODIS
My Commission Expires
February 4, 2014

DIVISION USE ONLY

- Certificate of Insurance
 Authority & Organization Form
 Transfer Fee _____ Check # _____

Date transferred 9/10/10

Initials RF

NR

9.9 10

