

KDOR: 110093

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:

January 3, 2000
Effective Date of Transfer

[X] Oil Lease: No. of Wells 3 **

Lease Name DUNN "A" #1, #3, & #4

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

Sec 2 T 9 R 17 W/E

** SIDE TWO MUST BE COMPLETED **

[X] Saltwater Disposal Well - Docket No. C69,109
Spot Location: 4290 feet from N/S Line
2970 feet from E/W Line

Legal Description of Lease: _____

NW/4 & W/2 NE/4 Sec. 2-9S-17W

[] Enhanced Recovery Proj. Docket No. _____

County Rooks

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Lansing

Field Name Hrabe West

Injection Zone(s) _____

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 ☐

Past Operator's License No. 5134

Contact Person: Jack L. Yinger

Past Operator's Name and Address:

GRAHAM-MICHAELIS CORPORATION

Phone: 316-264-8394

P.O.Box 247
Wichita, KS 67201

Date January 3, 2000

Title Vice President

Signature Jack L. Yinger

New Operator's License No. 5363

Contact Person Charles Spradlin

New Operator's Name and Address

BEREXCO, INC.

Phone 316-265-3311

100 N. Broadway, Suite 970

Oil/Gas Purchaser _____

Wichita, KS 67201

Date January 3, 2000

Title Executive Vice President

Signature Charles Spradlin

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 _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date _____

Authorized Signature _____

Date _____

Authorized Signature _____

Form T1 7/94

SINCE?

*LEASE NAME	Dunn "A"
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*LOCATION_____

APIL NO.
(YR DRLD/PRE '67)

TYPE OF WELL
(OIL/GAS
INJ/MSW)

**WELL STATUS
(PROD/TA'D
ABANDONED)**

15-163-02837-
5/6/62 0000

4290' Circle 2970' Circle

STWD

Active

15-163-01474-0000
4/20/62

4950' FSU/FNL 2310' FEL/FWL

Oil

Producing

15-163-01476-
11/28/62 0000

3630' FSU/FNL 2310' FEL/FWL

Oil

Producing

15-163-08535-
9/7/62 0000

4290' **FSL/FNL** 1650' **FEL/FWL**

Oil

Producing

[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.**