020105_Graham_Unit.pdf

Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 April 2004 Form must be Typed Form must be Signed All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Check Applicable Boxes:	1			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: February 1, 2005			
✓ Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: UNKNOWN 22019. Lease Name: GRAHAM UNIT MA			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from LE / LINE	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Rush			
Number of Injection Wells**	Production Zone(s): Topeka, LKC, Granite Wash			
Field Name: Reichel	Injection Zone(s):			
** Side Two Must Be Completed.	injection Zone(s).			
Surface Pit Permit No.:	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)	feet fromE / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No. 32278	Contact Person: Gary Wagner			
Past Operator's Name & Address: Tengasco Inc.	Phone: 785-625-6374			
P.O. Box 458; Hays, KS 67601	Date: March 3, 2005			
Title: Production Supervisor	Signature: RECEIVE			
	MAR 2 3 200			
New Operator's License No. 4419	Contact Person: R.A. (Dick) Schremmer KCC WICH			
New Operator's Name & Address: Bear Petroleum, Inc.	Phone: 316-524-1225			
P.O. Box 438; Haysville, KS 67060	Oil / Gas Purchaser: ONEOK			
	2-2-10			
Provident	Date:			
Title: President	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been			
noted, approved and duly recorded in the records of the Kansas Corpo	oration Commission. This acknowledgment of transfer pertains to Kansas			
Corporation Commission records only and does not convey any ownership	•			
is acknowleged as the	is acknowleged as the			
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
1	PRODUCTION APR 0 4 2005 UIC 4/4/05			
Mail to: Past Operator New Operator	District			





Must Be Filed For All Wells

*Lease Name: GRAHAM UNIT *Location: 5E/4 - 23 - 165 - 18 W					
* Lease Name: _	GRAHAM	UNIT	Location: 3	E/4-23-16.	5-18W
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
	15-165-21,675	Circle 1320 FS /FNL	Circle 1980 FED/FWL	GAS	ACTIVE
		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		·
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		FSL/FNL	FEL/FWL		
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					Y
			FEL/FWL		
			FEL/FWL		
			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.