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							
		•	OR: 11003'						
Check Applicable Boxes:		Effective	Date of Transf	er 10/5/98					
[X] Oil Lease: No. of Wells **		Lease Name	Miller C						
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **			E - SE Sec 27 cription of Lea	T_10S R_21 W/B					
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/ feet from E/	S Line		E/2 SE						
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No		County		***************************************					
Number of injection wells**		Production	n Zone(s) Arbu	ckle					
Field Name Trico		Injection	Zone(s)	_					
********	******	******	*****	*****					
Surface Pond Permit # (API No. If Drill P				Line of Section					
(API No. If Drill P	it)		Feet from E/W	Line of Section					
Identify: Emergency Pit Burn Pit	s	torage Pit	Drill P	it D					
Past Operator's License No. 6568	*****	*****	Ch 1 -++ - 17						
Past Operator's License No. 6568	Contact	Person:	Charlotte Van	valkenburg					
Past Operator's Name and Address: Kaiser-Francis Oil Company	Phone:		918-491-4314						
P. O. Box 21468	Date		10/7/98						
Tulsa, OK 74121-1468		a 7	20,77,50						
Title Technical Coordinator	Signatu	re (* · 🗡	an tol	to be					
***************			******	*******					
New Operator's License No. 5363	Contact	Person	Dana Wreath						
New Operator's Name and Address Berexco Inc.	Phone _		316-265-3311	<u> </u>					
100 N. Broadway, Suite 970 Wichita, KS 67202	Oil/Gas	Purchaser	NCRA						
. /	Date		9-30	-78					
Title Vice Residet	Signatu	re	lule 12						
ACKNOWLEDGEMENT OF TRANSFER: The above surface pond permit # has bee of the Kansas Corporation Commission. Th Corporation Commission records only and do injection well(s) or pond permit.	n noted, is ackno	approved a wledgement	nd duly recorde of transfer pe	ed in the records					
is acknowledged			ie act	nowledged as the					
as the new operator and may continue to inject fluids as authorized by Docket # Recommended action	_			lease containing					
Date	Date								
Authorized Signature			Authorized Si	gnature Form T1 7/94					

															<u> </u>	WELL NO.	*LEASE NAME
															15-065-01774 Dr1'd 9/2/58	API NO. (YR DRLD/PRE '67)	Miller C
FSL/FNL FEL/FWL	Circle Circle 330 FEL/FWL	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: 27-10S-21W														
															011	TYPE OF WELL (OIL/GAS INJ/WSW)	
															TA'd	WELL STATUS (PROD/TA'D ABANDONED)	

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.