

KANSAS CORPORATION COMMISSION
OIL GAS CONSERVATION DIVISION
REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form T-1

April 2004

Form must be Typed
Form must be Signed
All blanks must be filled

Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 1 **

☐ Gas Lease: No. of Gas Wells _____ **

☐ Gas Gathering System: _____

☐ Saltwater Disposal Well - Permit No.: _____

Spot Location: _____ feet from ☒ S Line

_____ feet from ☐ E Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells: _____ **

Field Name VICTORY

***Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 130555 *VAB*

Lease Name: Collingwood Trust Lease

Sec: 22 Twp: 30 R: 33 ☐ E ☒ W

Legal Description of Lease: NE/4

County: Haskell

Production Zone(s): CHESTER

Injection Zone(s): _____

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DEC 08 2009

CONSERVATION DIVISION
WICHITA, KS

Surface Pit Permit No. _____

API No. if Drill Pit, WO or Haul _____

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling *OK*

Past Operator's License No. 5363 ✓

Past Operator's Name and Address: BEREXCO Inc.

PO Box 20380 Wichita, KS 67208

Title: Production Manager

Contact Person: Emma Richmond

Phone: 316-265-3311

Date: 12/04/2009

Signature: *Emma Richmond*

New Operator's License Number: 34318 ✓

New Operator's Name and Address: Berexco LLC

P.O. Box 20380 Wichita, KS 67208

Title: Production Manager

Contact Person: Emma Richmond

Phone: 316-265-3311

Oil / Gas Purchaser: Central Crude Corporation

Date: 12/04/2009

Signature: *Emma Richmond*

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

_____ is acknowledged as the
new operator and may continue to inject fluids as authorized by
Permit No.: _____. Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____

Authorized Signature

DISTRICT _____ EPR 2-25-10 PRODUCTION 2/25/10 UIC 2-25-10
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, KS 67202

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102209 COLLINGWOOD TRUST.pdf

Must Be Filed For All Wells

KCOR Lease No.: 130555

*Lease Name: Collingwood Trust Lease

*Location: NE/4

22 - 30 - 33 W

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL=Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15081206560000 / SW NE	3300 ✓ FSL	1980 ✓ FEL	OIL	PROD

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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.