

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 _____ **

☒ Gas Lease: No. of Gas Wells 1 **

☐ 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 TOBIAS

****Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 224760 ✓ UB

Lease Name: Gillen Lease TA

Sec: 2 Twp: 21 R: 9 ☐ E ☒ W

Legal Description of Lease: S/2 NW

County: Rice

Production Zone(s): LKC B

Injection Zone(s): _____

Surface Pit Permit No. _____ feet from ☐ N / ☐ S Line of Section

API No. if Drill Pit, WO or Haul _____

_____ feet from ☐ E / ☐ W Line of Section

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

Past Operator's License No. 5363 / Contact Person: Emma Richmond

Past Operator's Name and Address: BEREXCO Inc. Phone: 316-265-3311

PO Box 20380 Wichita, KS 67208 Date: 12/17/2009

Title: Production Manager Signature: Emma Richmond

New Operator's License Number: 34318 / Contact Person: Emma Richmond

New Operator's Name and Address: Berexco LLC Phone: 316-265-3311

P.O. Box 20380 Wichita, KS 67208 Oil / Gas Purchaser: I

Date: 12/17/2009

Title: Production Manager 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 3-8-10 PRODUCTION 3/8/10 UIC 3-8-10
Mail to: Past Operator _____ New Operator _____ District _____

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

RECEIVED

DEC 18 2009

KCC WICHITA

RECEIVED

FEB 03 2010

KCC WICHITA

102209_Gillen.pdf

Must Be Filed For All Wells

KDOR Lease No.: 224760

*Lease Name: Gillen Lease		TA	*Location: S/2 NW		2 - 21 - 9 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)
3	15159191530001 ✓ SE SW NW	3026 ✓ 2970 FSL	4428 ✓ 4290 FEL	GAS loc per District 2	TA

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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.