

**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 HARTLAND

**\*\*Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 130556 *1 MB*

Lease Name: Graber 1-15

Sec: 15 Twp: 24 R: 37 ☐ E ☒ W

Legal Description of Lease: NE/4

County: Kearny

Production Zone(s): ST. LOUIS

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No. \_\_\_\_\_

API No. if Drill Pit, WO or Haul \_\_\_\_\_

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

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section

\_\_\_\_\_ feet from ☐ E / ☐ W Line of Section

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 3-3-10 PRODUCTION 3/8/10 UIC 3-3-10

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 Graber 1-15.pdf

## Must Be Filed For All Wells

KDOR Lease No.: 130556

*Lease Name: Graber 1-15		*Location: NE/4		15 - 24 - 37 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	15093211440000 <u>NE NE NE</u>	4950 ✓ FSL	330 ✓ 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.