

**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

Effective Date of Transfer: 10/22/2009
 KS Dept of Revenue Lease No.: 130784 *Vup*
 Lease Name: Graber 2-15
 Sec: 15 Twp: 24 R: 37 E W
 Legal Description of Lease: NE/4
 County: Kearny
 Production Zone(s): MARMATON
 Injection Zone(s): _____

****Side Two Must Be Completed**

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*

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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_2_15.pdf

Must Be Filed For All Wells

KDOR Lease No.: 130784

*Lease Name: Graber 2-15 *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)
2	15093211730000 <i>CNW NE</i>	4620 <i>✓</i> FSL 1980 <i>✓</i> 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.