

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 US 83

****Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 128328 214871

Lease Name: Holloway Lease

Sec: 20 Twp: 29 R: 32 ☐ E ☒ W

Legal Description of Lease: All of Sec. 20

County: Haskell

Production Zone(s): MORROW

Injection Zone(s): _____

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

API No. if Drill Pit, WO or Haul

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

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: 12/04/2009

Title: Production Manager

Signature: Emma Richmond

New Operator's License Number: _____

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: Central Crude Corporation Reducing Gas

Date: 12/04/2009

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 3-2-10 PRODUCTION 3/8/10 UIC 3-2-10

Mail to: Past Operator _____ New Operator _____ District _____

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

RECEIVED
DEC 08 2009
KCC WICHITA

102209_Holloway.pdf

Must Be Filed For All Wells

KDOR Lease No.: 128328 214871

*Lease Name: Holloway Lease

*Location: All of Sec 20 20 - 29 - 32 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	15081204480000 ✓ C SW SW	660 ✓ FSL 4620 ✓ FEL	GWC	PROD

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DEC 08 2009
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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.