

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 SPIVEY GRABS BASIN

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

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 204691 *VMB*

Lease Name: Kennedy 15 Unit

Sec: 15 Twp: 31 R: 9 ☐ E ☒ W

Legal Description of Lease: SW/4

County: Harper

Production Zone(s): SPIVEY GRABS

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 *dr*

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: 12/01/2009

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: Reducing Gas Systems

Date: 12/01/2009

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 <u>3-810</u>	PRODUCTION <u>318/10</u>	UIC <u>3-810</u>
Mail to: Past Operator _____	New Operator _____	District _____	

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

RECEIVED

FEB 03 2010

KCC WICHITA

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KANSAS CORPORATION COMMISSION

DEC 07 2009

CONSERVATION DIVISION  
WICHITA, KS

102209\_Kennedy\_15.pdf

## Must Be Filed For All Wells

KDOR Lease No.: 204691

\*Lease Name: Kennedy 15 Unit

\*Location: SW/4

15 - 31 - 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)
1-15	15077000450000 NWNN SW	2310 FSL 4950 ✓ FEL	GAS	PROD

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DEC 07 2009

CONSERVATION DIVISION  
WICHITA, KS

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.