

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 LEMON EAST

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

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 130101 217946

Lease Name: L D M Lease

Sec: 36 Twp: 29 R: 33 ☐ E ☒ W

Legal Description of Lease: SE/4

County: Haskell

Production Zone(s): KANSAS CITY

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

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DEC 08 2009

CONSERVATION DIVISION  
WICHITA, KS

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

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

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

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

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

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

Reducing Gas

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 3-17-10 PRODUCTION 3/17/10 UIC 3-17-10  
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\_LDM.pdf

## Must Be Filed For All Wells

KS OR Lease No.: 130101 217946

*Lease Name: L D M Lease		*Location: SE/4		36 - 29 - 33 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	15081206340000/NE NESE	2310 ✓ FSL	330 ✓ FEL	OWC	PROD

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WICHITA, KS

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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.