

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 BASIL

****Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 106268 204701

Lease Name: Lukens AB 1

Sec: 31 Twp: 30 R: 8 ☐ E ☒ W

Legal Description of Lease: NE/4

County: Kingman

Production Zone(s): MISSISSIPPI

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 *de*

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.: _____. Recommended action: _____

Date: _____
Authorized Signature

DISTRICT _____ EPR 3-26-10 PRODUCTION 3/29/10 UIC 3-26-10
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

RECEIVED
FEB 08 2010
KCC WICHITA

102209 Lukens AB 1.pdf

Must Be Filed For All Wells

KDOR Lease No.: 106268 204701

*Lease Name:	Lukens AB 1	*Location:	NE/4	31 - 30 - 8 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	15095012010000 <i>SESWNE</i>	<i>2970</i> FSL <i>1650</i> FEL	GWC	PROD

RECEIVED
DEC 08 2009
KCC WICHITARECEIVED
FEB 08 2010
KCC WICHITA

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.