

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 2 \*\*

☐ 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 SPIVEY GRABS BASIL

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

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 106407 ☒ 205156 ☒

Lease Name: Muir Lease NCRA MB  
Sec: 12 Twp: 31 R: 9 ☐ E ☒ W

Legal Description of Lease: E/2 NE

County: Harper

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 R

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 / KSGas Service

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 3-26-10 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

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FEB 09 2010

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DEC 07 2009

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102209\_Muir.pdf

## Must Be Filed For All Wells

KDOR Lease No.: 106407 205156

*Lease Name: Muir Lease NCRA		*Location: E/2 NE		12 - 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)
2	15077010040000 CS/2 NENE	4290	FSL 660 FEL	OWC	PROD
3	15077151700000 E/2 SE NE	3300	FSL 330 FEL	OWC	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.