

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 BASIN

****Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 106267 205214

Lease Name: Tjaden AB Lease NCRA UB

Sec: 19 Twp: 30 R: 7 ☐ E ☒ W

Legal Description of Lease: W/2 NW/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 OK

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: 34318 /

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 / KS Gas Service

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 3-30-10 PRODUCTION 313010 UIC 3-30-10
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 11 2010
KCC WICHITA

102209_Tjaden_AB.pdf

Must Be Filed For All Wells

KDOR Lease No.: 106267 205214

*Lease Name: Tjaden AB Lease		NCRA	*Location: W/2 NW/4		19 - 30 - 7 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	15095008570000	CSW SW NW	2790 FSL 4950' FEL	OWC	PROD
2	15095008580000	CSW NW NW	4290 FSL 4950' FEL	OWC	PROD

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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.