

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 ALFORD

****Side Two Must Be Completed**

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: _____ 204486 ☒

Lease Name: Taves 1-20 *MB*

Sec: 20 Twp: 30 R: 18 ☐ E ☒ W

Legal Description of Lease: SW 1/4 Sec. 17

W 1/2 NE 1/4 Sec. 20

County: Kiowa

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 *OR*

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 Purchase: ONEOK

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 3-31-10 PRODUCTION 313110 UIC 3-31-10

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 16 2010

KCC WICHITA

102209_Taves_1-20.pdf

Must Be Filed For All Wells

KDOR Lease No.: 204486

*Lease Name: Taves 1-20

*Location:

SW 1/4 Sec. 17
W 1/2 + NE 1/4 Sec. 20 - 30 - 18 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)
1-20	15097300850000 NWSE NWSW	1941 FSL 4619 FEL	GAS	PROD Sec. 20

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FEB 16 2010

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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.