

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 US 83

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

Effective Date of Transfer: 10/22/2009

KS Dept of Revenue Lease No.: 127529 214875

Lease Name: Wright Trust 2

Sec: 13 Twp: 29 R: 33 ☐ E ☒ W

Legal Description of Lease: All of Sec. 13

County: Haskell

Production Zone(s): CHESTER

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 /

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 Reducing Gas

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 4-1-10 PRODUCTION 4/2/10 UIC 4-1-10  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, KS 67202

RECEIVED

FEB 16 2010

KCC WICHITA

RECEIVED

DEC 08 2009

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102209\_Wright\_Trust\_2.pdf

## Must Be Filed For All Wells

KDOR Lease No.: 127529 214875

\*Lease Name: Wright Trust 2

\*Location:

*All of Sec. 13*

13 - 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)
2	15081204300000 <i>CNWSE</i>	1980 ✓ FSL 1980 ✓ FEL	GWC	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.