

REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION AUTHORIZATION  
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION  
CONSERVATION DIVISION  
130 S MARKET, ROOM 2078  
WICHITA, KANSAS 67202

\*\*\*\*\*

Check Applicable Boxes:

January 3, 2000  
Effective Date of Transfer

[ ] Oil Lease: No. of Wells \_\_\_\_\_ \*\*

Lease Name CLASSEN #1-7

[X] Gas Lease: No. of Wells 1 \*\*

- - C S/2 Sec 7 T 34 R 26 (W/E)

\*\* SIDE TWO MUST BE COMPLETED \*\*

Legal Description of Lease: \_\_\_\_\_

[ ] Saltwater Disposal Well - Docket No. \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from N/S Line

All Section 7-34S-26W

\_\_\_\_\_ feet from E/W Line

[ ] Enhanced Recovery Proj. Docket No. \_\_\_\_\_

County Meade

Entire project: Yes/No

Number of injection wells \_\_\_\_\_ \*\*

Production Zone(s) Morrow/Chester

Field Name McKinney

Injection Zone(s) \_\_\_\_\_

\*\*\*\*\*

Surface Pond Permit # \_\_\_\_\_ Feet from N/S Line of Section  
(API No. If Drill Pit) \_\_\_\_\_ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

\*\*\*\*\*

Past Operator's License No. 5134

Contact Person: Jack L. Yinger

Past Operator's Name and Address:

Phone: 316-264-8394

GRAHAM-MICHAELIS CORPORATION

Date January 3, 2000

P.O.Box 247  
Wichita, KS 67201

Title Vice President

Signature Jack L. Yinger

New Operator's License No. 5363

Contact Person Charles Spradlin

New Operator's Name and Address

Phone 316-265-3311 JAN 06 2000

BEREXCO, INC.

100 N. Broadway, Suite 970

Oil/Gas Purchaser \_\_\_\_\_

Wichita, KS 67201

Date January 3, 2000 WICHITA, KS

Title Executive Vice President

Signature Charles Spradlin

\*\*\*\*\*  
**ACKNOWLEDGEMENT OF TRANSFER:** The above request for transfer of injection authorization, surface pond permit # \_\_\_\_\_ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

\_\_\_\_\_ is acknowledged  
as the new operator and may continue to  
inject fluids as authorized by Docket # \_\_\_\_\_  
Recommended action \_\_\_\_\_

\_\_\_\_\_ is acknowledged as the  
new operator of the above named lease containing  
the surface pond permitted by # \_\_\_\_\_

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Form T1 7/94

MUST BE FILED FOR ALL WELLS

SIDE 2

T1 7/94

\*LEASE NAME CLASSEN

\*LOCATION \_\_\_\_\_

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)
#1-7	15-119-0012900 ✓	1320'	Circle FSL/FNL 2640' Circle FEL/FWL	Gas	Producing
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	

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.