

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 EASTERDAY #1
[X] Gas Lease: No. of Wells 1 ** 150'W&60'S of C-SE Sec 14 T 34 R 26 W/E
** SIDE TWO MUST BE COMPLETED **
[] Saltwater Disposal Well - Docket No. _____ Legal Description of Lease: _____
Spot Location: _____ feet from N/S Line All of Section 14-34S-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/Mississippi
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 ☐ *AV*

Past Operator's License No. 5134 Contact Person: Jack L. Yinger

Past Operator's Name and Address: GRAHAM-MICHAELIS CORPORATION Phone: 316-264-8394
P.O.Box 247 Date January 3, 2000
Wichita, KS 67201 Signature Jack L. Yinger
Title Vice President

New Operator's License No. 5363 Contact Person Charles Spradlin KANSAS CORPORATION COMMISSION

New Operator's Name and Address: BEREXCO, INC. Phone 316-265-3311 JAN 03 2000
100 N. Broadway, Suite 970
Wichita, KS 67201

Title Executive Vice President Date January 3, 2000 CONSERVATION DIVISION
Signature [Signature] WICHITA, KS

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 _____

Date _____
Authorized Signature _____

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

Date _____
Authorized Signature _____

Form T1 7/94

MUST BE FILED FOR ALL WELLS

SIDE 2

T1 7/94

*LEASE NAME EASTERDAY

*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	15-119-10242 5/31/56	1260' <u>Circle</u> FSL/FNL	1470' <u>Circle</u> 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.