

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 EDIGER "B" #1-6
[X] Gas Lease: No. of Wells 1 ** - - C - S/2 Sec 6 T 34 R 26 W/E
** SIDE TWO MUST BE COMPLETED **
Legal Description of Lease: _____
[] Saltwater Disposal Well - Docket No. _____ All Section 6-34S-26W to 6051'
Spot Location: _____ feet from N/S Line _____
_____ 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 ☐ *AS*

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

Past Operator's Name and Address: _____ Phone: 316-264-8394
GRAHAM-MICHAELIS CORPORATION
P.O.Box 247
Wichita, KS 67201
Date January 3, 2000
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
BEREXCO, INC.
100 N. Broadway, Suite 970
Wichita, KS 67201
Oil/Gas Purchaser _____ JAN 05 2000

Date January 3, 2000
Title Executive Vice President Signature Charles Spradlin CONSERVATION DIVISION
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 _____
_____ 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 EDIGER "B"

*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)
#1-6	15-119-1024100 ✓	1320' <div>Circle FSL/FNL</div>	2640' <div>Circle FEL/FWL</div>	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.