

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 Theis, Jennie #1

☒ Gas Lease: No. of Wells 1 \*\*

-SW -SW -NE Sec 23 T34S R 25 WB

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

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

[ ] Saltwater Disposal Well - Docket No. \_\_\_\_\_

Spot Location: \_\_\_\_\_ feet from N/S Line NE/4 & S/2 Section 23-34S-25W

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

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

County Clark

Entire project: Yes/No

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

Production Zone(s) Morrow/Mississippi

Field Name McKinney

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

\*\*\*\*\*  
Surface Pond Permit # \_\_\_\_\_

(API No. If Drill Pit) \_\_\_\_\_

\_\_\_\_\_ Feet from N/S Line of Section

\_\_\_\_\_ 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

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

BEREXCO, INC.

100 N. Broadway, Suite 970

Wichita, KS 67201

Date January 3, 2000

Signature Charles Spradlin

Title Executive Vice President

\*\*\*\*\*  
**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

## SIDE 2

\*LEASE NAME Jennie Theis #1

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

**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.**