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

	*****	*	Ţ	anuary 3, 2000
Check Applicable Boxes:				ve Date of Transfer
[ ] Oil Lease: No. of Wells	**	Lease Name	KENNED	Y #1-16
[X] Gas Lease: No. of Wells 1 ** SIDE TWO MUST BE COMPLETED **	**	CN	E_NWsec_	16 T31 R 17 W B
[ ] Saltwater Disposal Well - Dock Spot Location: feet	from N/S Lin feet from	ne <u>31S-17W</u> n E/W Line	16; E/2	Sec. 17 & SE Sec. 8-
Entire project: Yes/No Number of injection wells				Mississippi
Field Name Wilmore		Injection	Zone(s)	
**************************************	**************************************	*********		N/S Line of Section  E/W Line of Section
Identify: Emergency Pit	Burn Pit	Storage 1	Pit	Drill Pit
********		*****		
Past Operator's License No. 5134	Cont	act Person:J	ack L. Yi	nger
Past Operator's Name and Address: GRAHAM-MICHAELIS CORPORATION	Phon	ie:3	16-264-83	394
P O Box 247	Date	J	anuary 3,	2000
Wichita, KS 67201 Title	t Sign	ature	lack	21/man
*********	*****	****	*****	*****
New Operator's License No5363_			1.1	THE COMMISSION COMMISSION COMMISSION
New Operator's Name and Address	Phon	ie3	<u>16-265-33</u>	311
BEREXCO, INC. 100 N. Broadway, Suite 970	Oil/	Gas Purchaser		JAN 06 2000
Wichita, KS 67201				2000 GERNATION ON VISION
Title _ Executive Vice President		ature	Mu	WICHITA, KS
*******	*****	*****	*****	***
ACKNOWLEDGEMENT OF TRANSFER: The surface pond permit # records of the Kansas Corporation to Kansas Corporation Commission in the above injection well(s) or proceedings of the surface of	has been Commission. records only	noted, approv This acknowl and does not	ed and ded	uly recorded in the of transfer pertains
المراجع				
as the new operator and may conting inject fluids as authorized by Doctor.  Recommended action	nue to new ket # the	operator of the surface pond pe	above na	s acknowledged as the med lease containing by #
				×
Date	Date	·		
Authorized Signature	3		Authorize	ed Signature Form T1 7/94

T1 7/94

												#1-16	WELL NO.	*LEASE NAME
												15-033-2061900	APII NO. (YR DRLD/PRE '67)	ME KENNEDY
FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNL FEL/FWL	4620' Circle 3300' FEL FWL	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION / 6 - 3/
												Gas	TYPE OF WELL (OIL/GAS	170
												Producing		

## A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

covers more than one section please indicate which section each well is located. \*When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease