

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 McCULLOUGH UNIT

☒ Gas Lease: No. of Wells 1 **

- NW-NW NE Sec 30 T 33 R 12 (W)E

** SIDE TWO MUST BE COMPLETED **

☐ Saltwater Disposal Well - Docket No. _____

Legal Description of Lease: N/2 NE/4, W/2
SE NE, W/2 NE SE, SW NE & NW SE Sec. 30;
N/2 NW Sec. 29-33S-12W

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

☐ Enhanced Recovery Proj. Docket No. _____

County Barber

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Mississippi

Field Name Driftwood Field

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 ☐

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

Title Vice President

Signature Jack L. Yinger

New Operator's License No. 5363

Contact Person Charles Spradlin

New Operator's Name and Address

BEREXCO, INC.

Phone 316-265-3311

100 N. Broadway, Suite 970

Oil/Gas Purchaser _____

Wichita, KS 67201

Date January 3, 2000

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

McCULLOUGH

*LEASE NAME _____ *LOCATION _____

APII NO.
(YR DRLD/PRE '67)

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

WELL STATUS
(PROD/TA'D
ABANDONED)

#1 /Sec. 30

15-007-00/5a
4-30-55

Circle 4950' FSL/FNL 2310' Circle FEL/FWL

Gas

Producing

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

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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.