

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 MORTON #2-35

[X] Gas Lease: No. of Wells 1 **

- C - SE - SE Sec 35 T 30 R 18 (W/B)

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

All Section 35-30S-18W

_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____

County Kiowa

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Mississippi

Field Name Alford

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:

GRAHAM-MICHAELIS CORPORATION

P.O.Box 247

Wichita, KS 67201

Title Vice President

Phone: 316-264-8394

Date January 3, 2000

Signature *Jack L. Yinger*

New Operator's License No. 5363

Contact Person Charles Spradlin

New Operator's Name and Address

BREXCO, INC.

100 N. Broadway, Suite 970

Wichita, KS 67201

Phone 316-265-8311

Oil/Gas Purchaser _____

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 _____

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	MORTON	*LOCATION	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)		TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
WELL NO.	API NO.		660'	Circle FSL/FNL 660' FEL/FWL	Gas	Producing
#2-35	15-097-2048300 ✓					
			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.