TRANSFER OF INJECTION AUTHORIZAT OR TRANSFER OF SURFACE POND PERM	
*************************	**** WICHTER EG COOL
Effective Date of Transfer March 29, 1	992 Check Applicable Boxes: 032992_Brookover_3.pdf
Lease Name Brookover #3	U32992_Brookover_3.pdf [] Oil Lease: No. of Wells
31 Sec. T 24 S R 32 W/EX	[X] Gas Lease: No. of Wells 1
Legal Description of Lease: C NW NE	[] Saltwater Disposal Well - Docket No.
County Finney	Spot Location: feet from N/S Line feet from E/W Line [] Enhanced Recovery Project Docket No.
Production Zone(s) Council Grove	Entire project. W or
Injection Zone(s)	Field Name Panoma
Surface Pond Permit #	******************
	Feet from E/W Line of Section Feet from E/W Line of Section
Identify: Emergency Pit Burn Pi	t Storage Pit
List API#'s on <u>all</u> post-1967 wells trans	
**************	**************
Past Operator's Name and Address:	Contact Person: Cecil O'Brate
American Warrior Inc./ Donoco Energy Cor P.O. Box 399	P. Phone: 316-275-9231
Garden City, KS. 67846	Date 6-22-92
Title President	0. 10/2.1
New Operator's License No. 4058	**************************************
New Operator's Name and Address	Phone 316-275-9231
American Warrior, Inc. P.O. Box 399	Oil/Gas Purchaser I.B.P. Inc.
Garden City, KS. 67846	Date _6-22-92
Title President	1 -10,0
	Signature Och The
ACKNOWLEDGEMENT OF TRANSFER. The share	**************************************
surface pond permit # has he	request for transfer of injection authorization,
	en noted, approved and duly recorded in the records acknowledgement of transfer pertains to Kansas
· · · · · · · · · · · · · · · · · · ·	oes not convey any ownership interest in the above
injection well(s) or pond permit.	and convey any ownership interest in the above
is acknowledged	1
as the new operator and may continue to	new operator of the above named to AFCE up
inject fluids as authorized by Docket # Recommended action	is acknowledged as the new operator of the above namedalease Converning the surface pond permitted by #
	JUN 2 4 1992
Date	Date CONSERVATION DIVISION
Authorized Signature	Authorized Signature Annsas
	Form Tl 10/91

g 21.

STATE CORPORATION COMMISSION

REQUEST FOR CHANGE OF OPERATOR