

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

RECEIVED
STATE CORPORATION COMMISSION

JUN 11 1999
06-11-99
CONSERVATION DIVISION
Wichita, Kansas

* Effective Date of Transfer April 30, 99 Check Applicable Boxes:
* Lease Name Glick #1 * ☒ Oil Lease: No. of Wells 1
* SE Sec. 22 T. 11 S. R. 16 ☒ Gas Lease: No. of Wells _____
* Legal Description of Lease: _____
Southeast Quarter * ☐ Saltwater Disposal Well - Docket No. _____
* County Ellis Spot Location: _____ feet from N/S Line
_____ feet from E/W Line
* Production Zone(s) _____
* Injection Zone(s) _____
* Field Name Chrisler
* Surface Pond Permit # _____
_____ Feet from N/S Line of Section
_____ Feet from E/W Line of Section
Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

* Past Operator's License No. 31235 * Contact Person: John Levengood
* Past Operator's Name and Address: _____
Levengood Oil & Gas, Inc.
Ohio Corporation - 237 W. 2nd Str.
Dover, Ohio 44622
* Title President * Phone: 330/364-4550
* Signature John Levengood
* Date 5-27-99
* New Operator's License No. 4058 * Contact Person Cecil O'Brate
* New Operator's Name and Address: _____
American Warrior, Inc.
PO Box 399
Garden City, Kansas 67846
* Phone 316/275-9231
* Oil/Gas Purchaser _____
* Date May 28, 1999
* Signature Cecil O'Brate

Title 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 10/91

EPR

*T.EASE NAME Glick #1

Glick #1

*LOCATION: SE/4 22-11-16, Ellis Co., Kansas

API NO.

• (YR DRLD/PRE • 67)

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

TYPE OF WELL
(OIL/GAS
'
INJ/MSW)

WELL STATUS
(PROD/TA'D
' ABANDONED)

[illegible]

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