

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
June 2000Form must be Typed
Form must be Signed
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE POND PERMIT

DCR 209286

Check Applicable Boxes:

☐ Oil Lease: No. of Wells _____ **☒ Gas Lease: No. of Wells 2 **

** Side Two Must Be Completed.

☐ Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N / S Line

_____ feet from E / W Line

☐ Enhanced Recovery Project Docket No. _____Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____

Field Name: Lehigh N

RECEIVED

MAY 01 2003

Surface Pond Permit # _____ feet from N / S Line of Section

(API # If Drill Pit)

KCC WICHITA

_____ feet from E / W Line of Section

Identify:

☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill PitPast Operator's License No. 5172Past Operator's Name & Address: SCHULZ OIL & GAS INCP O BOX 273, 136 N MAIN STREET, CANTON KS
67428Title: PRESIDENTContact Person: Roger A SchulzPhone: (620) 628-4431Date: January 2nd, 2003Signature: Roger A SchulzNew Operator's License No. 5399New Operator's Name & Address: AMERICAN ENERGIES CORPMARKET CENTER BLDG, 155 N MARKET STE 710WICHITA KS 67202Title: PRESIDENTContact Person: Alan L DeGoodPhone: (316) 263-5785Oil / Gas Purchaser: Gas Products & Supply, Inc.Date: 4/29/03Signature: Alan DeGood

Acknowledgment 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 acknowledgment 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

EPGR 5/8/03 MAY 09 2003 UIC 5/03

* Lease Name: Buller

* Location: S/2 NW/4 23-T19S-R1E

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.