## Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 April 2004 Form must be Typed Form must be Signed All blanks must be Filled

## **REQUEST FOR CHANGE OF OPERATOR** TRANSFER OF INJECTION OR SURFACE PIT PERMIT

| Check Applicable Boxes:   | Effective Date of Transfer: 11-1-05 2-1-06 3-15-06                     |                  |  |  |
|---|--|------------------|--|--|
| Oil Lease: No. of Oil Wells**   | 1-1-05 3-15-06   |                  |  |  |
| Gas Lease: No. of Gas Wells**   | Effective Date of Transfer: 11-1-05 2-7-06 3                           |                  |  |  |
| Gas Gathering System:   | No Dept of Nevertue Lease No   | 5                |  |  |
| Saltwater Disposal Well - Permit No.: D - 38, 635                       | Lease Name: Haflich 1  |                  |  |  |
| Spot Location: feet from N/ S Line                                      |  | ⊃<br>7\          |  |  |
| feet from E / W Line  | Legal Description of Lease: All of Section 2-24S-33W                   | ヹ                |  |  |
| Enhanced Recovery Project Permit No.:                                   | Logal Doos pion of Loud.   | ゴ<br>ジ<br>木<br>一 |  |  |
| Entire Project: Yes No  | County: Finney   | <u>.</u>         |  |  |
| Number of Injection Wells**   | County:  |                  |  |  |
| Field Name: Hugoton   | Production Zone(s):  |                  |  |  |
| Field Name: 114991011   | Injection Zone(s):   | 년<br>14<br>**    |  |  |
| Surface Pit Permit No.:   | feet from N / S Line of Section  |                  |  |  |
| (API No. if Drill Pit, WO or Haul)                                      | feet from  |                  |  |  |
| Type of Pit: Emergency Burn Settling                                    | Haul-Off Workover Drilling   |                  |  |  |
|   |  |                  |  |  |
| Past Operator's License No. 8996  | Contact Person: Cecil O'Brate  |                  |  |  |
| Past Operator's Name & Address: Mid-Continent Resources, Inc.           | Phone: 620-275-9231  |                  |  |  |
| P. O. Box 399, Garden City, KS 67846                                    | Date: 12-20-05   |                  |  |  |
| Title: President  | Signature: Ocal O Suato  |                  |  |  |
|   | Contact Person: Cecil O'Brate  |                  |  |  |
| New Operator's License No. 4058   | Contact Person: Cecil O'Brate MAD 1.5.000                              | ISSI(            |  |  |
| New Operator's Name & Address: American Warrior, Inc.                   | Phone: 620-275-9231 MAR 1 5 2006                                       |                  |  |  |
| P.O. Box 399  | Oil / Gas Purchaser: Oneok Energy Marketing and TaxingON DIVISION      |                  |  |  |
| Garden City, KS 67846   | Date: 12-20-05   |                  |  |  |
| Drooidont   | (1)/91. B  |                  |  |  |
| Title: President  | Signature: Cott O7 Date  |                  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection | n authorization, surface pit permit #has been                          |                  |  |  |
| noted, approved and duly recorded in the records of the Kansas Corpo    | oration Commission. This acknowledgment of transfer pertains to Kansas |                  |  |  |
| Corporation Commission records only and does not convey any ownership   | p interest in the above injection well(s) or pit permit.               |                  |  |  |
| American Warrior, Inc is acknowleded as the                             | is acknowleged as the  |                  |  |  |
| new operator and may continue to inject fluids as authorized by         | new operator of the above named lease containing the surface pit       |                  |  |  |
| Permit No. D-28, 635 Recommended action: Well                           | permitted by No.:  |                  |  |  |
| Name Corrected to Haslich 1 # DJ 2-2                                    | portinited by No.:   |                  |  |  |
| Date: 6-2.06 Barbara Monto  | Date:  |                  |  |  |
| Authorized Signature (Society)  | Authorized Signature   |                  |  |  |
| DISTRICTEPR 6-1-06  | PRODUCTION JUN 0 2 2008 UIC 6-2-06                                     |                  |  |  |
| Mail to: Past Operator 6-2.06 New Operator 6-                           | 2-06 District 6-2-06 #1  |                  |  |  |

## Must Be Filed For All Wells

| KDOR Lease I    | No.: 201730                  |                       |                                      |                                   |  |  |  |
|-----------------|------------------------------|-----------------------|--------------------------------------|-----------------------------------|--|--|--|
| * Lease Name: _ | Haflich 1                    |                       | * Location: All of Section 2-24S-33W |                                   |  |  |  |
| Well No.        | API No.<br>(YR DRLD/PRE '67) | (i.e. FSL = Feet      | Section Line<br>from South Line)     | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned)<br>per MxO'Brate 6-1-06 |  |  |
| D.J. 2-2        | 015-055-21,894               | 2700 Circle<br>FSUFNL | 3950 Circle<br>1330 FEL FWL          | SWD<br>Gas Dual Comp.             | •  |  |  |
|                 |                              | 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                              |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   | RECEIVED   |  |  |
|                 |                              | FSL/FNL               | FEL/FWL                              | KA                                | NSAS CORPORATION COMMISSION                                  |  |  |
|                 |                              | FSI /FNI              |                                      |                                   | MAR 1 5 2006   |  |  |
|                 |                              |                       |                                      |                                   | CONSERVATION DIVISION:<br>WICHITA, KS                        |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              |                       |                                      |                                   |  |  |  |
|                 |                              | FSL/FNL               | FEL/FWL                              |                                   |  |  |  |

A separate sheet may be attached if necessary

<sup>\*</sup> 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.