

Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 March 2010 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

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	ea with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: December 1st 2011
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 213885
Gas Gathering System:	Lease Name: Mary Grizzell
Saltwater Disposal Well - Permit No.:	C _ NE _ NE _ SW_Sec. 3 Twp. 35 R. 35 ☐ E ✓ W
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: Sw/4 Sec 3-35s-35w
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Stevens
Number of Injection Wells **	Production Zone(s):Morrow
Field Name:	Injection Zone(s):
** Side Two Must Be Completed.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling Of
,	
Past Operator's License No. 4058	Contact Person: Kevin Wiles SR
Past Operator's Name & Address: American Warrior INC	Phone: 620-275-2963
P.O.Box 399, Garden City, Ks 67846	Date: 12-1-11
Title: Production Supt.	Signature: 100
	Ogradue.
New Operator's License No. 5263	Contact Person: Dale J. Lollar
New Operator's Name & Address: Midwestern Exploration Co.	Phone: 405-340-4300
3500 S. Boulevard, STE 2B, Edmond, OK. 73013	Oil/Gas Purchaser: Der Timberland Gas Gathering
7.3	Date: 12-1-11
President	Date: 12 11
Title: President	Signature:
Acknowledgment of Transfer: The above request for transfer of injection at	uthorization, surface pit permit #has been
noted, approved and duly recorded in the records of the Kansas Corporation Co	
Commission records only and does not convey any ownership interest in the ab	
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing CENTED it
Permit No.: Recommended action:	permitted by No.: DEC 1 5 2011
Date:	Date: KCC WICHITA
Authorized Signature	
	RODUCTION _/2 · 27 · // uic /2 · 23 - //
Mail to: Past Operator New Operator	District

Side Two

Must Be Filed For All Wells

SCAMBLL

KDOR Lease	No.: 213885				
* Lease Name:	Mary Grizzell		* Location:	SW/4 Sec 3-35s-35w	THE COLUMN TWO IS NOT
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-189-20928 🗸	2310 FSL FNL	2970 FED FWL	Gas	Prod.
		FSL/FNL	FEL/FWL		Ph
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
	Maker and Alexander and Alexan	FSL/FNL	FEL/FWL		
THE STATE OF THE S					
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- 441 viii
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		Make.
		FSL/FNL	FEL/FWL		RECEIVED
77112		FSL/FNL	FEL/FWL		DEC 1 5 2011
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		WICHIA
		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.

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 4058			
Name: American Warrior INC	. Well Location:	E	
Name: American Warrior INC Address 1: P.O.Box 399	C NE NE SW Sec. 3 Twp. 35 S. R. 35 East West		
	County: Stevens		
Address 2:	Lease Name: Mary Grizzell W	ell #:	
City: State: RO Zip: 07040 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: 420 275-2963 - 620 275-5067			
Contact Person: Kevin Wiles SR Phone: (620) 275-2963 Fax: (620) 275-5067 Email Address: kwiles@pmtank.com			
Email Address:			
Surface Owner Information:			
Name: Gwendolyn Fisher	When filing a Form T-1 involving multiple surface owne	rs. attach an additional	
Name: Gwendolyn Fisher Address 1: RR 1, Box 94	sheet listing all of the information to the left for each s owner information can be found in the records of the n	urface owner. Surface	
Address 2:	county, and in the real estate property tax records of the	e county treasurer.	
City: Liberal State: KS Zip: 67901 +			
Select one of the following:			
☑ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and the content of t	located: 1) a copy of the Form C-1, Form CB-1, Form being filed is a Form C-1 or Form CB-1, the plat(s) re	T-1, or Form	
I have not provided this information to the surface owner(s). If KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	wner(s). To mitigate the additional cost of the KCC pe	erforming this	
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this 2-1 will be returned.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP hereby certify that the statements made herein are true and correct to	P-1 will be returned.		
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	P-1 will be returned.	form, the KSONA-1	
hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief. Title: Production Sup	form, the KSONA-1	
hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief. Title: Production Sup	form, the KSONA-1	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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Form must be Signed
All blanks must be Filled

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Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License #5263	Well Location		
Name: Midwestern Exploration Co.	Well Location:		
Address 1: 3500 S. Boulevard, Suite 2B	<u>C NE NE SW Sec. 3 Twp. 35 S. R. 35</u> East West County: Stevens		
Address 2:	Lease Name: Mary Grizzell Well #: 1		
City: Edmond State: OK Zip: 73013 +			
Contact Person: Dale J. Lollar, President	the lease below:		
Phone: (405) 340-4300 Fax: (405) 340-4301			
Email Address: midwesternexpco@sbcglobal.net			
Surface Owner Information: Name: L & G Investments LP Address 1: 2044 Road H Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
City: Hugoton State: KS Zip: 67951 +	county, and in the real estate property tax records of the county treasurer.		
ure nee will a plat showing the Dreutted localions of lease mans tank	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 1-13-12 Signature of Operator or Agent:	Holla		
7000	RECEIVED		

KCC WICHITA

JAN 1 9 2012

SURFACE OWNER INFORMATION:

LRW Properties, LP 748 Road 20 Hugoton, Kansas 67951

> JAN 1 9 2012 KCC WICHITA