

APR 29 2013

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

CONSERVATION DIVISION
WICHITA, KS

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:

- ☒ Oil Lease: No. of Oil Wells 1 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: 1650 feet from ☐ N / ☒ S Line
- 1420 feet from ☐ E / ☒ W Line
- ☒ Enhanced Recovery Project Permit No.: E-27,893
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells 1 **

Field Name: Betz, E.

**** Side Two Must Be Completed.**

Effective Date of Transfer: March 1, 2013

KS Dept of Revenue Lease No.: 121988 ✓

Lease Name: Shank

Sec. 11 Twp. 20S R. 21 ☐ E ☒ W

Legal Description of Lease: SW/4 and NW/4 of SE/4

County: Ness

Production Zone(s): Mississippian

Injection Zone(s): Mississippian

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 9408 ✓

Contact Person: Alan D. Banta

Past Operator's Name & Address: Trans Pacific Oil Corporation
100 S. Main, #200, Wichita, KS 67202

Phone: 316-262-3596

Title: President

Date: _____
Signature: [Signature]

New Operator's License No. 4058 ✓

Contact Person: Cecil O'Brate

New Operator's Name & Address: American Warrior, Inc.
P.O. Box 399

Phone: 620-275-2963

Garden City, KS 67846-0399

Oil / Gas Purchaser: NCR A

Title: President

Date: 4-4-13

Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit 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 pit permit.

AMERICAN WARRIOR INC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-27,893 . Recommended action: NONE

Date: 10-9-13 [Signature]
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT #1 10/8/13 EPR 10/8/13 PRODUCTION 10-17-13 UIC 10-9-13
Mail to: Past Operator 10-9-13 New Operator 10-9-13 District 10-9-13

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Lease Name: Shank

* Location: SW/4 & NW/4 of SE/4, Sec.11-20S-21W

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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

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.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 9408
Name: Trans Pacific Oil Corp.
Address 1: 100 S. Main, Suite 200
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: Glenna Lowe
Phone: (316) 262-3596 Fax: (_____) _____
Email Address: glowe@transpacificoil.com

Well Location:
_____ - _____ - _____ Sec. 11 Twp. 20 S. R. 21 ☐ East ☒ West
County: Ness
Lease Name: Shank Well #: 1-11 & 3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

SW/4 and NW/4 of SE/4

Surface Owner Information:

Name: Douglas & Debra Shank
Address 1: 1707 Haney Dr.
Address 2: _____
City: Hays State: KS Zip: 67601 + _____

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: April 26, 2013 Signature of Operator or Agent: [Signature] Title: President
RECEIVED
KANSAS CORPORATION COMMISSION

APR 29 2013

CONSERVATION DIVISION
WICHITA, KS

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202