020115_Teegerstrom_Trust.pdf

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

July 2014 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,
MIST be submitted with this form

Check Applicable Boxes:	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 2-1-15		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 140166 Lease Name: Teegerstrom Trust SW _ SW _ SE _ Sec 13 _ Twp 30 _ R 32 E		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: 330¹ feet from N / ✓ S Line	·		
2130 feet from ✓ E / ☐ W Line	Legal Description of Lease: SE/4 sec 13-30s-32w		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Haskell		
Number of Injection Wells **	Production Zone(s): Miss		
Field Name:** Side Two Must Be Completed.	injection Zone(s):		
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 DR Dritting		
Past Operator's License No. 34643 /	Contact Person: Starla Hill KCC WICHITA		
Past Operator's Name & Address: Star Blue LLC	000 004 0004		
510 Lilac, Liberal Ks, 67901	Phone: 4-7-15 APR 14 2015		
	RECEIVED		
Title: Member	Signature: YWWA FALL		
New Operator's License No. 4058	Contact Person: Kevin Wiles SR		
New Operator's Name & Address: American Warrior INC	Phone: 620-275-2963		
P.O.Box 399, Garden City Ks, 67846	Oil / Gas Purchaser: NCRA		
	Date: 3-30-15		
Production Cupt			
Title: Production Supt.	Signature:) 1		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.		
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 the surface pit		
Permit No.: Recommended action:	permitted by No.:		
	•		
Date:	Date:		
Authorized Signature	Authorized Signature		
	PRODUCTION 5.7.15 UIC 5-7-15		
Mail to: Past Operator New Operator	r District		

Side Two

Must Be Filed For All Wells

_ease Name:	Teegerstrom Trust		Location: SE/4 Sec 13-30s-32w			
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandon	
13-1	15-081-21867/	330 FSIVENL	2310 FEL WL	oil	Prod.	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		F\$L/FNL	FEL/FWL			
		FSL/FNL	FEI /F\MI			

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

Form KSONA-1 July 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

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	Mall Location		
Name: American Warrior INC	Well Location:SWSESec. 13 _Twp. 30 _S. R. 32 East 🗷 West		
Address 1: P.O.Box 399	County: Haskell		
Address 2:	Lease Name: Teegerstrom Well #: 13-1		
City: Garden City, State: KS Zip: 67846 +			
Contact Person. Kevin Wiles SR	the lease below:		
Phone: (620) 275-2963 Fax: (620) 275-5067 Email Address: kwiles@awioil.com	- - ,		
Email Address: kwiles@awioil.com			
KCC AA	- NS		
Phone: (620) 275-2963 Fax: (620) 275-5067 Email Address: kwiles@awioil.com Surface Owner Information: Name: Joyce Teegerstrom Family Trust			
Surface Owner Information: Name: Joyce Teegerstrom Family Trust	VED		
Surface Owner Information: Name: Joyce Teegerstrom Family Trust Address 1: Gail Jean Gillespie & Kari Beth Mull	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		
Address 2: P.O.Box 337	owner information can be found in the records of the register of deeds for the		
City: Hugoton State: KS Zip: 67951 +	county, and in the real estate property tax records of the county treasurer.		
City: 110g01011	-		
 are preliminary non-binding estimates. The locations may be entered 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 	ank batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m 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	a, and email address.		
form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and		
form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1		
form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and addre that I am being charged a \$30.00 handling fee, payable to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface task. 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	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 is returned.		
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