

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

040116\_Wood\_INJ.pdf

Form T-1  
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,  
MUST be submitted with this form.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 2 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☐ Saltwater Disposal Well - Permit No.: D 32272  
Spot Location: \_\_\_\_\_ feet from ☐ N / ☐ S Line  
\_\_\_\_\_ feet from ☐ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Antelope Springs  
\*\* Side Two Must Be Completed.

Effective Date of Transfer: 04/01/2016  
KS Dept of Revenue Lease No.: 145953  
Lease Name: WOOD ✓  
\_\_\_\_\_ Sec. 16 Twp. 14S R. 35 ☐ E ☒ W  
Legal Description of Lease: SEC. 16-14S-35W ✓  
County: LOGAN  
Production Zone(s): MARMATON  
Injection Zone(s): N/A Mississippian

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling ☐ Other  
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Past Operator's License No. 34639  
Past Operator's Name & Address: BLACK TEA OIL, LLC  
1014 EAST 29TH, HAYS, KS 67601  
Title: SOLE MEMBER  
Add'l Doc On File

Contact Person: CHRIS LEIKER  
Phone: 785-259-8701  
Date: 4/25/2016  
Signature: See Attached Signature Page  
MAY 13 2016  
CONSERVATION DIVISION  
WICHITA, KS

New Operator's License No. 4058 ✓  
New Operator's Name & Address: American Warrior, Inc.  
PO Box 399  
Garden City, KS 67846  
Title: President

Contact Person: Kevin Wiles  
Phone: 620-275-2963  
Oil / Gas Purchaser: Coffeyville Resources  
Date: 05/10/16  
Signature: Cecil O'Brien

**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.: D-32.272 . Recommended action: NONE  
Date: 5-27-16 Cheryl H. Boyer  
Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized Signature

DISTRICT \_\_\_\_\_ EPR 5-25-16 PRODUCTION 5-26-16 UIC 5-27-16  
Mail to: Past Operator 5-27-16 New Operator 5-27-16 District 4 5-27-16

\* Lease Name: WOOD \* Location: SEC. 16-14S-35W

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**MAY 13 2016**

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CONSERVATION DIVISION  
WICHITA, KS

\* 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.

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Form KSONA-1  
July 2014  
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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.*

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

OPERATOR: License # 4058  
Name: American Warrior, Inc.  
Address 1: PO Box 399  
Address 2: \_\_\_\_\_  
City: Garden City State: KS Zip: 67846 + \_\_\_\_\_  
Contact Person: Kevin Wiles  
Phone: ( 620 ) 275-2963 Fax: ( 620 ) 275-5067  
Email Address: kwiles@awioil.com

Well Location:  
\_\_\_\_\_ Sec. 16 Twp. 14 S. R. 35 ☐ East ☒ West  
County: LOGAN  
Lease Name: WOOD Well #: A1, B1

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

SEC. 16-14S-35W

**Surface Owner Information:**

Name: CLINTON WOOD  
Address 1: 120 HERMANN AND SONS RD  
Address 2: \_\_\_\_\_  
City: CONFOR State: TX Zip: 78013 + \_\_\_\_\_

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WICHITA, KANSAS

If 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 must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

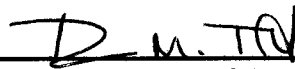
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

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

Date: 4/25/2016 Signature of Operator or Agent: Cecil O'Brate Title: president

Black Tea Oil, LLC  
Christopher C. Leiker, Sole Member

By:   
Michael L. Atterbury, Power of Attorney  
For Christopher C. Leiker

By:   
Drue M. Herl, Power of Attorney  
For Christopher C. Leiker

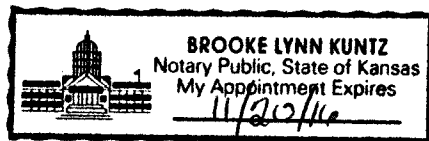
### ACKNOWLEDGMENT


State of Kansas  
County of Ellis

Be it remembered that on this 3<sup>rd</sup> day of May, 2016, before me the undersigned, a Notary Public, duly commissioned, in and for the county and state aforesaid, came Michael L. Atterbury and Drue M. Herl as AIF for Christopher C. Leiker, Sole Member, of Black Tea Oil, LLC, personally known to me to be such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the day and year last above written.

My Commission Expires: 11/20/16



  
Notary Public  
Brooke L Kuntz  
Print or type name

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KANSAS CORPORATION COMMISSION

**MAY 13 2016**

CONSERVATION DIVISION  
WICHITA, KS