KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 040117_MCGraw_1.pdf orm must be Typed All blanks 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,

Check Applicable Boxes: MUST be submitt	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4-1-2017		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 202947 イルル		
Gas Gathering System:	Lease Name: MCGraw #1		
Saltwater Disposal Well - Permit No.:			
Spot Location: 1347 feet from ☐ N / ✓ S Line	C - SE - Sec. 9 Twp. 26s R. 31		
1233 feet from 🗸 E / 🗌 W Line	Legal Description of Lease: SE.Sec 9-26s-31w		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Finney		
Number of Injection Wells**	Production Zone(s):Chase		
Field Name:	Injection Zone(s):		
** 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)			
Type of Pit: Emergency Burn Settling	feet from LE/LW Line of Section Haul-Off Workover DE Drilling		
Past Operator's License No. 33358 🗸	Contact Person: Mark Renick		
Past Operator's Name & Address: Renick Energy LC	Phone: 620-335-5397		
17103 M Road. Cimarron, KS 67835	Date: 5-1-2017		
Title: Agent	Signature: Received		
	KANSAS CORPORATION COMM		
New Operator's License No. 4058 🗸	Contact Person: Kevin Wiles SR MAY 1 5 2017		
New Operator's Name & Address: American Warrior INC	Phone: 620-275-2963 CONSERVATION DIVISION MICHITA, KS		
P.O.Box 399, Garden City, KS 67846	Oil / Gas Purchaser:		
	Date: _5-1-2017		
Titlo: Production Supt.			
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	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 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,	Date: Authorized Signature		
DISTRICT EPR 5/16/17 F	MAY 17 2017 E 17-17		
	PRODUCTION		

Side Two

Must Be Filed For All Wells

	No.: 202947 MCGraw #1	* Location: SE, Sec 9-26s-31w			
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
1	15-055-20481	Circle 1347 (FSL)FNL	1233 FELFWL	Gas	Prod.
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FOL (EN			
		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 KANSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		MAY 1 5 2017
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F WL		
		FSL/FNL	FEL/FWL		
•		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

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.

DPERATOR: License # 4058 Name: American Warrior INC	Well Location:		
	CSESec. 9-26 Twp. 31 S. R ☐ East ☒ Wes		
Address 1: P.O.Box 399,			
Address 2:	County: Finney Lease Name: MCGraw Well #: 1		
City: Garden City State: KS Zip: 67846	If filing a Form T-1 for multiple wells on a lease, enter the legal description.		
Contact Person: Kevin Wiles SR	the lease below:		
Contact Person: Kevin Wiles SR Phone: (620) 275-2963 Fax: (620) 275-5067	Received KANSAS CORPORATION COMMISSION		
Email Address: kwiles@awioil.com	MAY 1 5 2017		
	CONSERVATION DIVISION		
Surface Owner Information:	WICHITA, KS		
_{Name:} Brock & Jennifer Baker	When filing a Form T-1 involving multiple surface owners, attach an addition		
Name: Brock & Jennifer Baker Address 1: 10510 S. Beefland Road	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.		
Address 2:			
	k batteries, pipelines, and electrical lines. The locations shown on the pla n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted		
 I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loce 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, a I have not provided this information to the surface owner(s). I a 	Act (House Bill 2032), I have provided the following to the surface 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. Acknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and		
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	fee with this form. If the fee is not received with this form, the KSONA-		
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 f 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 will be returned.		