REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 S MARKET, ROOM 2078 WICHITA, KANSAS 67202							

Check Applicable Boxes:	Effective Date of Transfer 1-1-98							
[] Oil Lease: No. of Wells **	Lease Name SKINNER 1-B Unit							
[X] Gas Lease: No. of Wells 1 ** ** SIDE TWO MUST BE COMPLETED **	CSW - NE - Sec_14 T_33S R_35W W/E Legal Description of Lease:							
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N/S Line feet from E/W Line	ALL of Sec. 14-33S-35W							
[] Enhanced Recovery Proj. Docket No								
Entire project: Yes/No Number of injection wells**	Production Zone(s) Morrow L.							
Field Name Northwoods SE Field	Injection Zone(s)N/A							
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Surface Pond Permit # (API No. If Drill Pit)	Feet from N/S Line of Section Feet from E/W Line of Section							
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit							
********	**********							
Past Operator's License No. 31269 Conta	ct Person: Linda Gruver							
Past Operator's Name and Address: Phone	:(214) 692-1800							
Coda Energy, Inc.	1/8/98							
75221								
Title Dogulatory Administrator Signa	ture Julia Arurer							
New Operator's License No. 4058 Conta	act Person Cecil O Brate							
New Operator's Name and Address Phone	316-275-9231							
American Warrior Inc oil/G	as Purchaser							
Box 399 12 1700	0.17							
Box 399 Garden City Ks, 67846 Date	1-13-18							
Title Dies (Signa	ature Cecil O Diato							
********	*********							
ACKNOWLEDGEMENT OF TRANSFER: The above reques	st for transfer of injection authorization,							
surface pond permit # has been note	ed, approved and duly recorded in the record:							
of the Kansas Corporation Commission. This ack	cnowledgement of transfer pertains to kansa:							
Corporation Commission records only and does no	t convey any ownership interest in the above							
injection well(s) or pond permit.								
is acknowledged	is acknowledged as the							
as the new operator and may continue to new o	operator of the above named lease containing							
inject fluids as authorized by Docket # the	surface pond permitted by #							
Recommended action	FJAM 2 1 194							
Date Date Authorized Signature	CONSTRUCTION DIVISION							
Authorized Signature	Authorized Signature Form T1 7/94							

															22	WELL NO.	*LEASE NAME
															15-189-20916	API NO. (YR DRLD/PRE '67),	SKINNER 1-B Unit #2
FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	FSL/FNL FEL/FWL	FSL/FNLFEL/FWL	3300' Circle Circle FEL/FWL 1980' FEL/FWL	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	*LOCATION: C SW NE Sec. 14,33S-35W											
															GAS	TYPE OF WELL (OIL/GAS INJ/WSW)	
															Producing	WELL STATUS (PROD/TA'D ABANDONED)	

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 cost ion sach wall is leasted.