REQUEST FOR CHANGE OF OPERATOR	CONSERVATION DIVISION
TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT	
OR TRANSPER OF SURFACE FORD PERMIT	WICHITA, KANSAS 67202

neck Applicable Boxes:	Effective Date of Transfer May 1, 1998
[] Oil Lease: No. of Wells **	Lease Name Linnebur 2A
[XX Gas Lease: No. of Wells 4 ** ** SIDE TWO MUST BE COMPLETED **	
	Legal Description of Lease:
[] Saltwater Disposal Well - Docket No.	Line S/2 SE/4
Spot Location: feet from N/S feet from E/W	
[] Enhanced Recovery Proj. Docket No	
Entire project: Yes/No	
Number of injection wells**	Production Zone(s) Congl/Simpson
Field Name Linnebur	Injection Zone(s)
**********	************
Surface Pond Permit #	Feet from N/S Line of Section
(API No. If Drill Pi	t) Feet from E/W Line of Section
	Storage Pit Drill Pit
Identify: Emergency Pit Burn Pit	_ Storage Fit _ Dilli Fit

	Contact Person: Lloyd K. Parrish Tr
The control of the co	-U CALL
Past Operator's Name and Address:	Phone: 316/263-8726 1 98
Parrish Corporation 110 South Main Suite 510	Date March 25, 1998
Title Wichita, Kansas 67202	Signature Along Manager
*********	Contact Person Cecil O'Brate
New Operator's License No. 4058	Contact Person Cecil O Diate
	Phone 316/275-9231
New Operator's Name and Address American Warrior, Inc.	그리
Box 399	Oil/Gas Purchaser Kansas Gas Supply
Gården City, Kansas 67846	7 1000
	Date X 3-2/, 1/1/
./ •	
Title Dusi	Signature X Clay O Diale
**********	***********************
ACKNOWLEDGEMENT OF TRANSFER: The above	request for transfer of injection authorization,
has bee	n noted, approved and duly recorded in the record.
of the Kansas Corporation Commission. Th.	is acknowledgement of transfer pertains to kansas
Corporation Commission records only and do	des not convey any ownership interest in the above
injection well(s) or pond permit.	OF TO BE MAN TO BE THE REAL OF THE BETT OF THE
	is acknowledged as the
is acknowledged	new operator of the above named lease containing
as the new operator and may continue to	the surface pond permitted by #
inject fluids as authorized by Docket #	the surface point permitteed of s
. Recommended action	
Date	Date
DateAuthorized Signature	Authorized Signature
Withorysed prongente	Form T1 7/9

EPR

MUST BE FILEL OR ALL WELLS

*LEASE NAME	Linnebur 2A	*LOCATION: Sec. 21-30S-6W		
WELL NO.	API NO. (YR DRLD/PRE '67) *	FOOTAGE FROM SECTION LINE (i.e. FSL=Feet from South Line)	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
A S	15-095-21,447	Circle Circle FEL/FWL 400 FEL/FWL	Gas	Prod
	37	FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL	*	
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		7
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		

SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

each lease. If a lease covers more than one section please indicate which section each well is located. *When transferring a unit which consists of more than one lease please file a separate side two for