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

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Check Applicable Boxes:

Effective Date of Transfer 10-1-95

[ ] Oil Lease: No. of Wells _____ **

Lease Name Antrim

[ ] Gas Lease: No. of Wells _____ **

__-__-__-__ Sec 17 T 21 R 22 (W)E

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease: _____

[X] Saltwater Disposal Well - Docket No. D-20,956
Spot Location: 4620 feet from (N)/S Line
3300 feet from E/(W) Line

NE NW

[ ] Enhanced Recovery Proj. Docket No _____

County Hodgeman

Entire project: Yes/No

Number of injection wells _____ **

Production Zone(s) Miss

Field Name Wieland North

Injection Zone(s) Cedar Hills 910'

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Surface Pond Permit # _____ _____ Feet from N/S Line of Section
(API No. If Drill Pit) _____ Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐ SR

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Past Operator's License No. 05339

Contact Person: Harold Bergman

Past Operator's Name and Address:

Phone: 316-267-5391

Bergman Oil Co., L.C.
150 N. Main Ste 520, Wichita KS 67202

Date 10-19-95

Title Member

Signature

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New Operator's License No. 04058

Contact Person Cecil O'Brate

New Operator's Name and Address:
American Warrior, Inc.
P.O. Box 399
Garden City, KS 67846

RECEIVED
STATE CORPORATION COMMISSION
OCT 30 1995
CONSERVATION DIVISION
WICHITA, KANSAS

Phone 316-275-9231

Oil/Gas Purchaser _____

Date 10-20-95

Title President Pres.

Signature Cecil O'Brate

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ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____. Recommended action _____

Date _____ _____
Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date _____ _____
Authorized Signature

Form T1 7/94

SIDE 2
T1 7/94

MUST BE FILED FOR ALL WELLS

*LEASE NAME Antrim *LOCATION: 17-21-22

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)
			Circle		Circle		
#1B	15-083-20,849	4620	(FSL)/ ~~FNL~~	3300	(FEL)/ FWL	SWD	
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			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.