TRANSFER OF INJECTION AUTHORIZATION OR TRANSFER OF SURFACE POND PERMIT		
********	*******	
Check Applicable Boxes:	Effective Date of Transfer 10/1/95	
[X] Oil Lease: No. of Wells **	Lease NameERBES	
[] Gas Lease: No. of Wells ** ** SIDE TWO MUST BE COMPLETED **	Sec_3 T 18 R 18 W/E	
[] Saltuator Discoul Wall David W	Legal Description of Lease: SE/4	
[] Saltwater Disposal Well - Docket No. Spot Location: feet from N	/S Line	
feet from E		
[] Enhanced Recovery Proj. Docket No Entire project: Yes/No	County Kusit	
Number of injection wells**	Production Zone(s)	
Field Name	Injection Zone(s)	
Surface Pond Permit #	Feet from N/S Line of Section Feet from E/W Line of Section	
No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Identify: Emergency Pit Burn Pit	Storage Pit Drill Pit 54	
**********	***********	
Past Operator's License No05339	Contact Person: Harold Bergman	
Past Operator's Name and Address:	Phone: 316-267-5391	
Bergman Oil Co., L.C.	Date 10-7-95	
130 h. Main Ste 320, Wichita KS 6/202		
Title Member ************************************	Signature	
New Operator's License No. 04058	Contact Person Cecit O'Brate	
New Operator's Name and Address Open	Phone 316-275-9231	
American Warrior, Inc.		
Garden City, KS 67846	Oil/Gas Purchaser NCRA	
90 charges	Date 10-20-95	
Title Dies,	Signature Och Object	
**************************************	************	
surface pond permit # has bee	request for transfer of injection authorization, on noted, approved and duly recorded in the records	
of the Kansas Corporation Commission. Th	is acknowledgement of transfer pertains to Kansas	
corporation commission records only and do	pes not convey any ownership interest in the above	
injection well(s) or pond permit.		
is acknowledged		
as the new operator and may continue to	is acknowledged as the new operator of the above named lease containing	
inject fluids as authorized by Docket #	the surface pond permitted by #	
Recommended action		
Date	Date	
Authorized Signature	Authorized Signature	

KANSAS CORPORATION COMMISSION

Form T1 7/94

REQUEST FOR CHANGE OF OPERATOR

		MUST BE FILED FOR ALL WELLS	SII T1	DE :
*LEASE NAME	ERBES	*LOCATION: 3-18-18-18-18-18-18-18-18-18-18-18-18-18-		
WELL NO.	API NO. (YR DRLD/PRE '67)	(i.e. FSL=Feet from South Line) (O	OF WELL WELL STA IL/GAS (PROD/TA I/WSW) ABANDON	A D
(15-165-20,954	Circle Circle Z310 FSL/FNL 330 FEL/FWL	OIL - PROD	F
2	15-165-21,003	2310 (FSD)/FNL 990 (FED)/FWL	OIL PROS	د
3	15-165-21,128	1650 FSL) FNL 330 FEL) FWL	orc \$/1	-
		FSL/FNLFEL/FWL		<u> </u>
	,	FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL	!	
*******		FSL/FNL FEL/FWL	•	-
		FSL/FNLFEL/FWL		<u>:</u>
		FSL/FNLFEL/FWL	<u> </u>	•
		FSL/FNLFEL/FWL		· · · ·
		FSL/FNL FEL/FWL		;
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		-
····		FSL/FNLFEL/FWL	-	.;
		FSL/FNLFEL/FWL		

A SEPARATE SHEET MAY BE ATTACHED IF NECESSARY

FSL/FNL _

FEL/FWL

*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.