

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:

[☒] Oil Lease: No. of Wells 3 **

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

** SIDE TWO MUST BE COMPLETED **

[] Saltwater Disposal Well - Docket No. _____
Spot Location: _____ feet from N/S Line
_____ feet from E/W Line

[] Enhanced Recovery Proj. Docket No. _____
Entire project: Yes/No _____
Number of injection wells _____ **

Effective Date of Transfer 10-1-95

Lease Name Zinger

Sec 33 T 16 R 12 W/2

Legal Description of Lease: _____

NE/4

County Barton

Production Zone(s) _____

Field Name _____ Injection Zone(s) _____

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 ☐ SR

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. Date 10-20-95

150 N. Main Ste 520, Wichita KS 67202

Title Member Signature [Signature]

New Operator's License No. 04058 Contact Person Cecil O'Brate

New Operator's Name and Address: _____ Phone 316-275-9231

American Warrior, Inc.

P.O. Box 399

Garden City, KS 67846 Oil/Gas Purchaser TEXACO

Date 10-20-95

Title pres Signature Cecil O'Brate

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 _____

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

MUST BE FILED FOR ALL WELLS

*LEASE NAME Finger

*LOCATION: 33-14-12

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)
#1	1957 PRE 67	495 Circle FSL/FNL 495 Circle FEL/FWL	Oil	Prod
#3	15-009-20,860	3630 FSL/FNL 1320 FEL/FWL	Oil	Prod
#4	15-009-20,988	2970 FSL/FNL 1650 FEL/FWL	Oil	Prod
		FSL/FNL _____ FEL/FWL		
		FSL/FNL _____ FEL/FWL		
		FSL/FNL _____ FEL/FWL		
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		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.