

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:

[X] Oil Lease: No. of Wells 1 **

[] 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 MUER

Sec 24 T 21 R 12 (W)E

Legal Description of Lease: SW/4 NE/4 SE/4
AND SE/4 SE/4

County STAFFORD

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 JR

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 10-1-95

Title Member 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 KOCH

Date 10-20-95

Title Pres Signature Cecil O'Brate

STATE CORPORATION COMMISSION
RECEIVED
OCT 30 1995
WICHITA, KANSAS

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 MULLER *LOCATION: 24-21-(2)W

WELL NO. A1 API NO. PRE-67
 FOOTAGE FROM SECTION LINE
 (i.e. FSL=Feet from South Line)

Circle FSL/FNL	Circle FEL/FWL	TYPE OF WELL (OIL/GAS INJ/WSW)	WELL STATUS (PROD/TA'D ABANDONED)
<u>330</u>	<u>330</u> <u>FEL/FWL</u>	<u>OIL</u>	<u>N/A</u>
_____	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 _____	_____	_____
_____	FSL/FNL _____ FEL/FWL _____	_____	_____
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_____	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.