

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

* Effective Date of Transfer 12-1-96

Check Applicable Boxes:

Lease Name I D #1-19

[] Oil Lease: No. of Wells _____

- - SW Sec. 19 T 24 S. R 31 (W) ~~E~~

[X] Gas Lease: No. of Wells 1

Legal Description of Lease: Southwest
Quarter of Section: 19-T24S-R31W

[] Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N/S Line

_____ feet from E/W Line

County Finney

[] Enhanced Recovery Project Docket No. _____

Production Zone(s) Krider

Entire project: Yes/No

Number of injection wells _____

Injection Zone(s) _____

Field Name Hugoton

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

List API#'s on all post-1967 wells transferred with lease: _____

Past Operator's License No. 8996 ✓

Contact Person: Daniel L. Dalke

Past Operator's Name and Address:

Phone: 316/275-2963

Mid-Continent Resources, Inc.

PO Box 399

Garden City, KS 67846

Title Controller

New Operator's License No. 4058 ✓

Contact Person Cecil O'Brate

New Operator's Name and Address

Phone 316/275-9231

American Warrior, Inc.

PO Box 399

Garden City, Kansas 67846

Oil/Gas Purchaser NNG

Title President

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

Form T1 10/91

*LOCATION: 19-24-31

FOOTAGE FROM SECTION LINE
(i.e. FSL=Feet from South Line)

WELL STATUS
(PROD/TA'D
ABANDONED)

15-055-21436 ✓

Circle
FSL/

Circle
FEL

Prod.[illegible]

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.