Instructions  A. Please type or print using black ink. B. Form must be signed by former operator and new operator. C. Outline boundaries of lease and spot well being transferred D. Attach 1002A for well. E. Direct questions to Well Records (405) 521-2275.  API NO OTC Prod.	Pos Oklahor	s Conservation t Office Box 52 na City, OK 73 fer of Operato AC 165:10-1-1	n Division 2000 3152-200 or	ı	2310'	6-	201	5280 ft		Form 1073 Rev. 2009
35-125-23740 Unit No.  Location S2 1/4 NW 1/4 NW 1/4 NE 1/4	Sec. 17 Tv	N/A <sup>wp</sup> 11N	Rge.	03E	990'					
7/4 1/4 1/4 1/4  Ft FSL of Qtr Sec Qtr Sec 330	County				2310'   1650'   990'   330'		Locate Wo	ell On Gric	I Above	
formation(s)	5.4.1	WOODF								
The effective date of transfe is the date that t							ecords,	_		<del>.,</del>
CURRENT OPERATOR	C No. 22425	NEW C	PERA	TOR				ľ	DCC N 23	o. 3008
Name AMERROYAL ENERGY LLC		Name VITRINITE, LLC							<del></del>	
Address 1511 N. SHAWNEE AVE			S		651	BERIN	G DR., U	NIT 90	)3	
City SHAWNEE State OK Zip 7	74804-4163	City	ŀ	HOUST	ON	Sta	ate TX	Zip	77	<u>'</u> 057
Phone No. 405-273-3361 FAX No./E-mail  I verify that I am the legal operator of record with authority to transfer operatorship of this well.  Signature  Wayne M. Smith, Agent  Name & Title (Typed or Printed)  Signed and sworn to before me this 29 day of Analy Public Commission expires:  My commission expires:  My commission expires:  Werify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the above well/lease and cannot be located to obtain signature.  Phone 713-385-4509 FAX No./E-mail  I verify that I am the legal operator of record with authority to transfer operatorship of this well.  Signature  No. 713-385-4509 FAX No./E-mail  I verify that I am the legal operator of record with authority to transfer operatorship of this well.  Signature  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  Signature  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  Signature  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  No. 1 verify that I am the legal operator of record with authority to transfer operatorship of this well.  Non Dickenson, Marging Member  Name & Title (Typed or Printed)  Signature  My Commission Expirige  My Commission								rity to		
Signed and sworn to before me thisday of			·	·	1	Notary F	Public		\ \	
My commission expires:  FOR OCC USE ONLY  Surety Dept. Approved Rejected Date MAY 0.7	<b>2013</b> ) w	ell Records [	Dept.	Appro	ved F	Rejected	Date	ELL F	)7 201 <b>ECO</b> <del>COVE</del>	RDS

**NOTE:** By processing this Form 1073, the Oklahoma Corporation Commission has approved the contents thereof as to form only. Oklahoma Corporation Commission does not warrant that the facts provided by the operator are true. **Form is not approved until approved by Well Records.**