KOLAR Document ID: 1405131

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

| Check Applicable Boxes: | ttea with this form. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: | | | |
| Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No.: | | | |
| Gas Gathering System: | Lease Name: | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | SecTwp R EW Legal Description of Lease: | | | |
| feet from E / W Line | | | | |
| Enhanced Recovery Project Permit No.: | | | | |
| Entire Project: Yes No | County: Production Zone(s): | | | |
| Number of Injection Wells ** | | | | |
| Field Name: | | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| Surface Pit Permit No.: | feet from N / S Line of Section | | | |
| (API No. if Drill Pit, WO or Haul) | feet from E / W Line of Section | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| Past Operator's License No. | Contact Person: | | | |
| Past Operator's Name & Address: | Phone: | | | |
| Table operator o Hamo a Address. | | | | |
| | Date: | | | |
| Title: | Signature: | | | |
| New Operator's License No. | Contact Person: | | | |
| New Operator's Name & Address: | Phone: | | | |
| The special of the second seco | | | | |
| | Oil / Gas Purchaser: | | | |
| | Date: | | | |
| Title: | Signature: | | | |
| Acknowledgment of Transfer: The above request for transfer of injection | authorization, surface pit permit # has been | | | |
| noted, approved and duly recorded in the records of the Kansas Corporation | Commission. This acknowledgment of transfer pertains to Kansas Corporation | | | |
| Commission records only and does not convey any ownership interest in the | above injection well(s) or pit permit. | | | |
| is acknowledged as | is acknowledged as | | | |
| the new operator and may continue to inject fluids as authorized by | the new operator of the above named lease containing the surface pit | | | |
| Permit No.: Recommended action: | | | | |
| . neconinencea action. | permitted by No.: | | | |
| Data | Data | | | |
| Date: Authorized Signature | Date: | | | |
| DISTRICT EPR | PRODUCTION UIC | | | |
| | | | | |

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Side Two

Must Be Filed For All Wells

| * Lease Name: . | | | * Location: | | |
|-----------------|------------------------------|-------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
| 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) |
| | | Circle FSL/FNL | <i>Circle</i> 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 | | |
| | | | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
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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.

KOLAR Document ID: 1405131

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| Select the corresponding form being filed: C-1 (Intent) CI | B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPERATOR: License # | Well Location: |
| Name: | SecTwpS. R 🗌 East 🗌 West |
| Address 1: | County: |
| Address 2: | Lease Name: Well #: |
| City: State: Zip: + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of |
| Contact Person: | the lease below: |
| Phone: () Fax: () | |
| Email Address: | |
| Surface Owner Information: | |
| Name: | |
| Address 1: | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the |
| Address 2: | county, and in the real estate property tax records of the county treasurer. |
| City: State: Zip:+ | |
| are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will | tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. |
| CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, for | orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address. |
| KCC will be required to send this information to the surface |). I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form | dling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned. |
| I hereby certify that the statements made herein are true and corre | ect to the best of my knowledge and belief. |
| Date: Signature of Operator or Agent: | Title: |

QUIT CLAIM ASSIGNMENT, CONVEYANCE AND BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, Northern Lights Oil Co. ("Northern Lights"), a Kansas corporation, Cross-Timbers Oil Co., L.C. ("Cross-Timbers"), a Kansas limited liability company, and William H. Shepherd and Annetta B. Shepherd, Trustees of the William H. and Annetta B. Shepherd Family Trust ("Shepherd Family Trust")(hereinafter collectively called Assignor), for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, do hereby quit claim, sell, assign, transfer and set over all of Assignor's right, title and interest in and to the leasehold equipment and well bores, located on the Kinzel Lease in the North Half of the Northeast Quarter (N/2 NE/4) of Section 2, Township 18 South, Range 12 West, Barton County, Kansas, to RJM Company, a Kansas corporation, (hereinafter called Assignee), P.O. Box 256, Claflin, Kansas 67525, KCC Operator No. 30458, together with the rights incident thereto and like undivided interests in the personal property located thereon, appurtenant thereto, or used or obtained in connection with the development and operation thereof.

Assignee agrees to assume all responsibility for wells and Leasehold Equipment from April 1, 2018, forward and Assignee agrees to protect, defend, indemnify and hold harmless Northern Lights, Cross-Timbers and the Shepherd Family Trust from and against any and all demands, claims and causes of action including attorney fees arising out of or in connection with Assignee's lease, arising or occurring after April 1, 2018.

Assignee agrees to assume responsibility for the Kinzel well with respect to the Kansas Corporation Commission and agrees to assume this responsibility through the filing of a T-1 Change of Operator Form with the KCC with the cooperation of Northern Lights, Cross-Timbers and the Shepherd Family Trust. In connection of the assumption of such obligation, Assignee specifically represents and warrants that Assignee will operate the well in compliance with all Kansas Corporation Commission regulations and will plug and abandon the well when appropriate in Assignee's opinion or in the opinion of the KCC and will plug the well in accordance with the requirements of the KCC. Assignee further agrees to indemnify and hold Northern Lights, Cross-Timbers Oil Co., L.C. and the Shepherd Family Trust harmless from any liability or claims arising out of Assignee's failure to comply with said plugging obligations.

All of the provisions of this Assignment shall be available to and binding upon the respective heirs, executors, administrators, successors and assigns of the Assignor and Assignee herein. Executed this _______, day of _________, 2018, to be effective on the _______ day of _________, 2018. NORTHERN LIGHTS OIL/CO., Operator CROSS-TIMBERS OIL CO., L.C. - Working Interest WILLIAM H. AND ANNETTA B. SHEPHERD FAMILY TRUST - Working Interest Owner William H. Shepherd, Trustee Annetta B. Shepherd, Trustee STATE OF KANSAS ss: COUNTY OF Butler BEITREMEMBERED, that on this <u>29</u> day of <u>More W</u>, 2018, before me, a Notary Public in and for the County and State aforesaid, came John W. Sutherland, Managing Parties? of Northern Lights Oil Co., to me personally known to be the same person who executed the foregoing instrument, and duly acknowledged the execution of the same, for and on behalf, and as the act and deed of said corporation. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written. Notary Public
Printed Name: Janet Marie Adam S My Appointment Expires:

| STATE OF KANSAS) | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| COUNTY OF Butler) ss: | | | | | |
| BEIT REMEMBERED, that on this | | | | | |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written. Amb Monie Adams Notary Public | | | | | |
| My Appointment Expires: | | | | | |
| JANET MARIE ADAMS Notary Public, State of Kansas My Appointment Expires 6-18-2020 | | | | | |
| STATE OF KANSAS) | | | | | |
| COUNTY OF <u>Butter</u>) ss: | | | | | |
| BEITREMEMBERED, that on this | | | | | |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written. One Marie Column Notary Public Printed Name: Tage & Marie Adam S | | | | | |

My Appointment Expires:



RELEASE OF OIL AND GAS LEASE

KNOW ALL MEN BY THESE PRESENTS: That Northern Lights Oil Co., Cross-Timbers Oil Co., L.C. and William H. Shepherd and Annetta B. Shepherd, Trustees of the William H. and Annetta B. Shepherd Family Trust, do hereby release and relinquish all right, title and interest in and to a certain oil and gas lease made and entered into by and between Mary L. Kinzel, a widow; Elfreida A. Scantlin, a single woman; and Tharzilla H. Kinzel, a widow, as Lessor, and B. E. Canaday (assigned to Cross-Timbers Oil Co. in an Assignment of Oil and Gas Lease recorded on February 26, 1981, at 9:08 A.M. in Book 395 O&G, at Page 38), as Lessee, dated February 8, 1980, insofar as it covers the following described land to-wit:

The North Half of the Northeast Quarter (N/2 NE/4) of Section 2, Township 18 South, Range 12 West, Barton County, Kansas

recorded in Book 388 at Page 255 of the records in the office of the Register of Deeds of Barton County, Kansas.

Executed this 29 day of March, 2018.

NORTHERN LIGHTS OHL CO. - Operator

CROSS-TIMBERS OIL CO., L.C. - Working Interest

Owner

WILLIAM H. AND ANNETTA B. SHEPHERD

FAMILY TRUST - Working Interest Owner

William H. Shepherd, Trustee

annetta B. Shepherd

| STATE OF KANSAS)) ss: | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| COUNTY OF Butler | | | | |
| BEIT REMEMBERED, that on this | | | | |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written. One Marie Idam Notary Public Printed Name: Janet Marie Adam 5 | | | | |
| My Appointment Expires: | | | | |
| JANET MARIE ADAMS Notary Public, State of Kansas My Appointment Expires 6-18-2020 | | | | |
| STATE OF KANSAS) SS: COUNTY OF Botler O | | | | |
| BEITREMEMBERED, that on this | | | | |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, the day and year last above written. Notary Public Printed Name: Janet Marie Adam S | | | | |
| My Appointment Expires: | | | | |
| JANET MARIE ADAMS Notary Public, State of Kansas My Appointment Expires 6-18-2020 | | | | |

| STATE OF KANSAS) | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|--|
|) ss: | | |
| COUNTY OF Butler | | |
| | | |
| BE IT REMEMBERED, that on this2 | 9 day of March, 2018, before me, | |
| a Notary Public in and for the County and State | aforesaid, came William H. Shepherd and Annetta | |
| B. Shepherd, Trustees of the William H. and Ar | metta B. Shepherd Family Trust, to me personally | |
| known to be the same persons who executed the | foregoing instrument, and duly acknowledged the | |
| execution of the same. | 101080228 2222 2222 2222 | |
| execution of the same. | | |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, | | |
| the day and year last above written. | Marie Adama Marie Adama Inted Name: Janet Marie Adam S | |
| | and marie forme | |
| Ne | Rary Public | |
| Pr | inted Name: Janet Maric Halam S | |
| | | |

My Appointment Expires:

