KOLAR Document ID: 1409450

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:	illea with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: KS Dept of Revenue Lease No.: Lease Name:		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line feet from E / W Line			
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **	Production Zone(s):		
Field Name:			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling		
Bott Occupied Livery No.	0.1.10		
Past Operator's License No.	Contact Person:		
Past Operator's Name & Address:	Phone:		
	Date:		
Title:	Signature:		
New Operator's License No.	Contact Person:		
New Operator's Name & Address:	Phone:		
	Oil / Gas Purchaser:		
	Date:		
	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation	authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
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 pi		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
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)				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		
		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		

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.

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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:

BK 0485PG 137

ASSIGNMENT OF OIL AND GAS LEASE

On this 2nd day of May, 2017, WILLIAM E. HAMMERSCHMIDT, hereinafter called Assignor, for and in consideration of One Dollar (\$1.00), the receipt whereof is hereby acknowledged, does hereby sell, assign, transfer and set over unto STROKE OF LUCK ENERGY & EXPLORATION, (hereinafter called Assignee), all of his right, title and interest in the working interest in and to the Oil and Gas Lease dated February 2, 1994, from Alice Nuti and Clarence Nuti, husband and wife; Rachel Himes and William Himes, husband and wife; Thomas Himes and Michele Himes, husband and wife, as lessors to Randy Marintzer, as Lessee, recorded in book 208 page 24 insofar as said Lease covers the following described land in Rooks County, State of Kansas:

The Northwest Quarter (NW/4) of Section 32, Township 9 South, Range 18 West in Rooks County, Kansas

The Assignor is in possession of certain Over-Riding Royalty Interests in the Lease described herein and hereby expressly reserves all his interests in those certain Over-Riding Royalty Interests.

And for the same consideration, the Assignor covenants with the Assignee, its heirs, successors or assigns that the Assignor is the lawful owner of and has good title to the interest above assigned in and to said lease, estate rights and property, free and clear from all liens, encumbrances or adverse claims, that the said Lease is a valid and subsisting lease on the land above described, and all rentals and royalties due thereunder have been paid and all conditions necessary to keep the same in full force have been duly performed.

IN WITNESS WHEREOF, this instrument is executed on the date and year first above written.

William E. Hammondmo WILLIAM E. HAMMERSCHMIDT

STATE OF KANSAS, COUNTY OF ROOKS, SS:

BE IT REMEMBERED, that on this 2nd day of May, 2017, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came William E. Hammerschmidt, who is personally known to me to be the same person who executed the within instrument of writing and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, on the day and year last above written.

Notary Public

My Appointment Expires:

JOSEPH D. GASPER
Notary Public - State of Kansas
My Appt. Expires 2 - 22 - 2 12/

my rept. Express of XX = X 031

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