#### KOLAR Document ID: 1418538

Form T-1 July 2014 Form must be Typed

| KANSAS CORPORATION COMMISSION   |
|---------------------------------|
| OIL & GAS CONSERVATION DIVISION |

| TRANSFER OF INJECTIO  | ANGE OF OPERATOR<br>N OR SURFACE PIT PERMIT<br>with the Kansas Surface Owner Notification Act,   |
|---|--|
|   | itted 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:   |  |
| Saltwater Disposal Well - Permit No.:                               | Lease Name:  |
| Spot Location:  | R E W<br>Legal Description of Lease:   |
| Enhanced Recovery Project Permit No.:                               |  |
| Entire Project: Yes No  | County:  |
| Number of Injection Wells**   | Production Zone(s):  |
| Field Name:   |  |
| ** Side Two Must Be Completed.                                      | Injection Zone(s):   |
| Surface Pit Permit No.:   | feet from N / S Line of Section<br>feet from E / W Line of Section<br>Haul-Off Workover Drilling   |
|   |  |
| 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:  |
| Title:  | Signature:   |
|   | authorization, surface pit permit # has been<br>Commission. This acknowledgment of transfer pertains to Kansas Corporation<br>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:                                     | permitted by No.:  |
| Date:   | Date:  |
| Date: Authorized Signature  | Authorized Signature   |
| DISTRICT EPR  | PRODUCTION UIC   |
|   |  |

Side Two

#### Must Be Filed For All Wells

| * Lease Name: |                              |   | * Location:              |  |                                      |
|---------------|------------------------------|---|--------------------------|--|--------------------------------------|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Secti<br>(i.e. FSL = Feet from S |                          |  | Well Status<br>(PROD/TA'D/Abandoned) |
|               |                              | <i>Circle</i><br>FSL/FNL                      | <i>Circle</i><br>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                  |  |                                      |
|               |                              |   | 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.

#### KOLAR Document ID: 1418538

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

| OPERATOR: License #        | Well Location:   |
|----------------------------|--|
| Name:                      |  |
| 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:                      | When filing a Form T-1 involving multiple surface owners, attach an additional   |
| Address 1:                 | sheet listing all of the information to the left for each surface owner. Surface<br>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:+         |  |
|                            |  |

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

#### Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_\_

#### ASSIGNMENT OF OIL AND GAS LEASE

#### KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS, Black Gold Investments, LLC, Joey L. Hendrich or Laurie A. Hendrich, Trustees of the Joey and Laurie Hendrich Trust dated December 20, 2008, and Jason Brin and Meagan Brin, ("Assignors") are the owners of an interest in the following described Oil and Gas Leases ("Leases"):

| Katie Rudman, widow et al.  |
|---|
| P.M. Polhamus   |
| September 29, 1949  |
| Book 37, Page 536   |
| Insofar and only insofar as said Lease covers the N/2 NE/4 of 5-<br>10S-21W Graham County, Kansas |
|   |

NOW THEREFORE, in consideration of the exchange of One Dollar (\$1.00) and other good and valuable consideration, of which the receipt and sufficiency is hereby acknowledged, Assignors do hereby assign, sell, transfer and convey to the following parties and their successors and assigns ("Assignee"), all Assignors' interest in the Leases ("WI"), as set forth after the name of each Assignee, together with the rights incident thereto and the personal property thereon, appurtenant thereto, or used or obtained in connection therewith, and subject to all royalty and overriding royalty interests as the same appear of record:

Assignee

New Age Oil, LLC 1563 Ridge Road Hays, KS 67601

WI 100.00%

This assignment is made and executed and delivered without warranty of any kind and no warranty shall be implied.

This assignment is executed this considered executed and effective as of July 1, 2018.

Black Gold Investments, LLC

Zaoh Patterson, President

Joey and Laurie Hendrich/Trust/dated Decem/ber 20, 2008

b١ /Hendrich

TA Jason Brin

# Stal

STATE OF KANSAS GRAHAM COUNTY, KANSAS JUANITA TOLL REGISTER OF DEEDS Book: 283 Page: 453-454 Recording Fee: \$38.00 Receipt #: 40207 quarita Toll Pages Recorded: 2

it

Date Recorded: 7/23/2018 9:59:45 AM Joey and Laurie Hendrich Trust dated December 20, 2008

anne H. He by: 0

Laurie A. Hendrich

Meagan Bri

STATE OF KANSAS, COUNTY OF ELLIS

\_ day of \_July\_\_\_\_, 2018, by Zach Patterson, Acknowledged before me this \_\_\_\_\_ President of Black Gold Investments, LLC.



Appointment Expires

| Suphanie      | P | Shoeman |  |
|---------------|---|---------|--|
| Notary Public |   |         |  |

283 454

### STATE OF KANSAS, COUNTY OF Johnson

Acknowledged before me this 17th day of Jaly, 2018, by Joey L. Hendrich or Laurie A. Hendrich, Trustees of the Joey and Laurie Hendrich Trust dated December 20, 2008.

| $\frac{6132020}{\text{Appointment Expires}}$ | Notary Public   |
|--|---|
| Appointment Expires                          | KIMBERLY ARCEO<br>Notary Public<br>State of Kansas<br>My Commission Expires |
| STATE OF KANSAS, COUNTY OF                   | husen of  |
| Acknowledged before me this<br>Meagan Brin.  | 7th day of July, 2018, by Jason Brin and                                    |
|  | Contractory   |
| Appointment Expires                          | Notary Public   |
|  |   |

| A NOTARY PUBLIC | State of Kansas |
|-----------------|-----------------|
| DAVID CAL       | DWELL           |
| My Appt. Exp. 😴 | 124/21          |
|                 |                 |