

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:

- Oil Lease: No. of Oil Wells _____ **
- 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 _____ **

Field Name: _____

**** Side Two Must Be Completed.**

Effective Date of Transfer: _____

KS Dept of Revenue Lease No.: _____

Lease Name: _____

_____ Sec. _____ Twp. _____ R. E W

Legal Description of Lease: _____

County: _____

Production Zone(s): _____

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from N / S Line of Section

_____ 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: _____

Title: _____

Signature: _____

New Operator's License No. _____

Contact Person: _____

New Operator's Name & Address: _____

Phone: _____

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
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____ .

Date: _____
Authorized Signature

DISTRICT _____ EPR _____ PRODUCTION _____ UIC _____

Must Be Filed For All Wells

KDOR Lease No.: _____

* 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)
		<i>Circle</i> 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	_____	_____
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_____	_____	_____ FSL/FNL	_____ FEL/FWL	_____	_____
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_____	_____	_____ 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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Form KSONA-1

July 2014

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

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.

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: _____ Title: _____

MEMORANDUM OF ASSIGNMENT

THIS MEMORANDUM OF ASSIGNMENT is between OSAGE RESOURCES, LLC, and RAMSHORN RESOURCES, LLC.

RECITALS

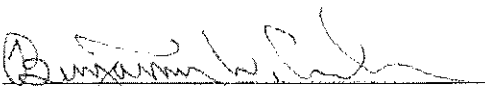
A. Osage Resources, LLC ("Osage") is the operator of the oil and gas wells and disposal wells more fully described on Exhibit A, attached hereto (the "Operated Properties");

B. By Assignment of Joint Operating Agreement dated effective as of August 1, 2018, Osage Resources, LLC ("Assignor") assigned all of its interest as operator in the Operated Properties to Ramshorn Resources, LLC, ("Assignee");

NOW, THEREFORE, NOTICE IS HEREBY GIVEN that effective as of August 1, 2018, all operations of the Operated Properties are assigned to Ramshorn Resources, LLC, which has assumed the duties and responsibilities for such operations as of such date.

OSAGE RESOURCES, LLC

RAMSHORN RESOURCES, LLC

By: 
Benjamin W. Crouch, Manager

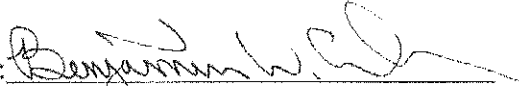
By: 
Benjamin W. Crouch, Manager

EXHIBIT A

Lease Name	Well No.	API Number	Year Drilled	Assun Depth	County	Sec	Twp	Rge	Dir	Q1	Well Type
CARR	2-A-36	15-007-22689-0000	2002	4981	Barber	36	36	32	15 W	SW	GAS
OSAGE	100	15-007-22569-0001	2006	5351	Barber	30	30	33	14 W	NE	GAS
OSAGE	101	15-007-23028-0000	2006	5280	Barber	5	5	33	14 W	SE	GAS
OSAGE	103	15-007-23071-0000	2006	5420	Barber	31	31	32	14 W	NW	GAS
OSAGE	104	15-007-23089-0001	2011	5460	Barber	7	7	33	14 W	NW	GAS
OSAGE	105	15-007-23090-0000	2006	5494	Barber	2	2	33	15 W	NE	GAS
OSAGE	106R	15-007-23166-0000	2007	5550	Barber	36	36	33	15 W	NW	OIL
OSAGE	107	15-007-23146-0000	2007	5530	Barber	36	36	33	15 W	NE	GAS
OSAGE	109	15-007-23148-0000	2007	5575	Barber	25	25	33	15 W	NE	GAS
OSAGE	110	15-007-23149-0000	2007	5556	Barber	24	24	33	15 W	SW	GAS
OSAGE	111	15-007-23227-0000	2007	5595	Barber	23	23	33	15 W	NE	GAS
OSAGE	112	15-007-23228-0000	2007	5414	Barber	14	14	33	15 W	NE	GAS
OSAGE	113	15-007-23229-0000	2007	5492	Barber	1	1	33	15 W	SW	GAS
OSAGE	114	15-007-23250-0000	2008	5573	Barber	15	15	33	15 W	NE	OIL
OSAGE	116	15-007-23231-0000	2008	5574	Barber	26	26	33	15 W	NW	OIL
OSAGE	117	15-007-23271-0000	2008	5480	Barber	18	18	33	14 W	NE	OIL
OSAGE	118	15-007-23273-0000	2008	5447	Barber	12	12	33	15 W	NE	OIL
OSAGE	119	15-007-23279-0000	2008	5544	Barber	11	11	33	15 W	NE	OIL
OSAGE	120	15-007-23286-0000	2008	5416	Barber	19	19	33	14 W	NE	OIL
OSAGE	121	15-007-23287-0000	2008	5440	Barber	36	36	32	15 W	NE	GAS
OSAGE	123	15-007-23324-0000	2008	5404	Barber	10	10	33	15 W	NE	GAS
OSAGE	124	15-007-23370-0000	2008	5316	Barber	24	24	33	15 W	NE	GAS
OSAGE	125	15-007-23379-0000	2008	5413	Barber	14	14	33	15 W	SE	OIL
OSAGE	126	15-007-23383-0000	2008	5438	Barber	13	13	33	15 W	SW	GAS