# KOLAR Document ID: 1422439

| KANSAS CORPORATION COMMISSION              |
|--|
| <b>OIL &amp; GAS CONSERVATION DIVISION</b> |

| All teams must be filte         TRASETE OF CHANGE OF OPERATOR         TAUSTER OF INJECTION OR SURFACE DIPERMIT         Form KSOMA-1/, Certification of compliance with the Kanaas Surface Owner Notification Act.         Oli Loase: No. of Gas Wells         Oli Loase: No. of Gas Wells         Gas Loase: No. of Gas Wells         Statistic Disposal Well - Permit No.:  |  | ATION COMMISSION<br>ERVATION DIVISION<br>ERVATION DIVISION<br>Form must be Signed |
|--|--|---|
| Check Applicable Codes: <ul> <li>Check Applicable Codes:</li> <li>County:</li> <li>County:</li></ul> | TRANSFER OF INJECTION  | ANGE OF OPERATOR All blanks must be Filled  |
| Gas Lesse: No of Gas Wells       **         Gas Cathering System:  | Check Applicable Boxes: MUST be submit                                     | tted with this form.  |
| Gas Gathering System:  | Oil Lease: No. of Oil Wells**  | Effective Date of Transfer:   |
| Saltwater Disposal Weil - Permit No::  | Gas Lease: No. of Gas Wells**  | KS Dept of Revenue Lease No.:   |
| Saltwater Disposal Well - Permit No:   | Gas Gathering System:  | Lease Name:   |
| Spot Location:      feet from N /S Line /  | Saltwater Disposal Well - Permit No.:                                      |   |
| Entire Project:       Yes       No         Number of Injection Weils       **         Field Name:       **         Surface Pit Permit No::   |  |   |
| Number of Injection Weils       **         Field Name:       **         ** Side Two Must Be Completed.       Injection Zone(s):         Surface Pit Permit No::  | Enhanced Recovery Project Permit No.:                                      |   |
| Field Name:       Injection Zone(s):         Injection Zone(s):       Injection Zone(s):         Surface Pit Permit No:       (API No. if Drill PIt. WO or Hau)       feet from [E / ] W Line of Section         Type of Pit:       Emergency       Burn       Settling       Haul-Off       Workover       Drilling         Past Operator's License No.   | Entire Project: Yes No   | County:   |
| Field Name:       Injection Zone(s):         ** Side Two Must Be Completed.         Surface Pit Permit No::  | Number of Injection Wells **   | Production Zone(s):   |
| ** Side Two Must Be Completed.         Surface Pit Permit No::       (API No. il Dnil Pit, W0 or Haul)   | Field Name:  |   |
| (API No. if Drill Pit, WO or Haul)   | ** Side Two Must Be Completed.   |   |
| r        |  |   |
| Past Operator's Name & Address:  | Type of Pit:         Emergency         Burn         Settling               | Haul-Off Workover Drilling  |
| Past Operator's Name & Address:  | Past Operator's License No   | Contact Person:   |
| Date:  | Past Operator's Name & Address:  |   |
| Title:       Signature:         New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Date:         Date:       Date:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Image:       Image:         Image:       I   |  |   |
| New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Date:         Title:       Signature:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Image:       Image:         Image:       Image:         Image:       Image:         Image:       Image:         Image:       Authorized Signature  |  |   |
| New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Date:         Date:       Signature:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Image:   | Title:   | Signature:  |
| Oil / Gas Purchaser:   | New Operator's License No  | Contact Person:   |
| Oil / Gas Purchaser:   | New Operator's Name & Address:   | Phone:  |
| 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.  |  |   |
| 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.  |  | Date:   |
| noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation<br>Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.<br>  | Title:   | Signature:  |
| the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:  | noted, approved and duly recorded in the records of the Kansas Corporation | Commission. This acknowledgment of transfer pertains to Kansas Corporation        |
| the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:  | is acknowledged as   | is acknowledged as  |
| Permit No.:  | -  | the new operator of the above named lease containing the surface pit              |
| Authorized Signature     Authorized Signature  | Permit No.: Recommended action:  | permitted by No.:   |
| Authorized Signature     Authorized Signature  | Date:  | Date:   |
| DISTRICT EPR PRODUCTION UIC  |  | 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 |                          | Type of Well<br>(Oil/Gas/INJ/WSW) | 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                  |                                   |                                      |
|                 |                              |   | FEL/FWL                  |                                   |                                      |
|                 |                              | FSL/FNL                                       | FEL/FWL                  |                                   |                                      |
|                 |                              | FSL/FNL                                       | FEL/FWL                  |                                   |                                      |
|                 |                              |   | FEL/FWL                  |                                   |                                      |
|                 |                              |   |                          |                                   |                                      |
|                 |                              |   | 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.

# KOLAR Document ID: 1422439

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

| Form KSONA-1              |
|---------------------------|
| 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 the lease below:  |  |  |
| Contact Person:            |  |  |  |
| Phone: ( ) Fax: ( )        |  |  |  |
| Email Address:             |  |  |  |
| Surface Owner Information: |  |  |  |
| Name:                      | When filing a Form T-1 involving multiple surface owners, attach an additional<br>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<br>county, and in the real estate property tax records of the county treasurer. |  |  |
| Address 1:                 |  |  |  |
| Address 2:                 |  |  |  |
| 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: \_\_\_\_\_\_

PowERS LEASE

Chautauqua County } ss \$20.00 This instrument was filed for record this 2 day of June, 2011 at 8:10 o'clock AM and duly recorded in book 154 of records on page 186

lean ua

### REGISTER OF DEEDS

# ASSIGNMENT AND BILL OF SALE

#### KNOW ALL MEN BY THESE PRESENTS:

That General Petroleum Company, LLC and General Petroleum Company, Inc. ("ASSIGNOR") for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby grant, bargain, sell, assign, transfer and convey unto Randy L. Roberts and Dixie Diane Roberts, husband and wife, as joint tenants with rights of survivorship, and not as tenants in common ("ASSIGNEE"), without warranty (except as set forth below) and subject to the terms hereof, all of ASSIGNOR'S right, title and interest (100% WI; .843750 NRI) in and to the following described oil and gas lease, to wit:

| LESSOR:    | Joel T. Powers and Bethany C. Powers |
|------------|--------------------------------------|
| LESSEE:    | Allan L. Levine                      |
| DATE :     | June 6, 1994                         |
| RECORDED : | Book 67, Leases, Page 108            |
| PROPERTY:  | S/2 SW/4, Section 33, T33S, R12E,    |
|            | Chautauqua County, Kansas            |

together with all the rights incident thereto, the personal property thereon, appurtenant thereto, or used in connection therewith, including all wells and the equipment, supplies and fixtures located thereon, if any, all the ASSIGNOR'S rights under related processing, gathering, compression and agreements and any sales contracts, rights-of-way, easements, licenses, surface use agreements and other contracts related thereto.

This Assignment and Bill of Sale is made without warranty of title, either express or implied, except that ASSIGNOR agrees to warrant and forever defend title to the interests as to those <u>claiming</u> or to claim the same by, through or under ASSIGNOR, not otherwise. Except to the extent set forth in the preceding sentence of this paragraph, this Assignment and Bill of Sale is made without warranty of title, express, implied or statutory. Any covenants implied by statute or law by the use of the word "Grant" or other similar words in this Assignment and Bill of Sale are hereby expressly restrained, disclaimed, waived and negated.

EXCEPT AS MAY BE EXPRESSLY SET FORTH HEREIN THE LEASE AND RELATED PROPERTY ARE CONVEYED AND ACCEPTED WITHOUT WARRANTY OF TITLE EITHER EXPRESS OR IMPLIED. ASSIGNEE ACKNOWLEDGES THAT IT HAS INSPECTED THE SUBJECT PROPERTY AND THE PROPERTY IS CONVEYED HEREIN BY ASSIGNOR "AS IS, WHERE IS" AND IN THEIR PRESENT CONDITION WITH ALL FAULTS. WITHOUT LIMITATION OF THE GENERALITY OF THE PRECEDING SENTENCE, ASSIGNOR HEREBY EXPRESSLY DISCLAIMS AND NEGATES, AS TO THOSE PORTIONS OF THE SUBJECT PROPERTY CONSTITUTING PERSONAL PROPERTY, ANY REPRESENTATION OR WARRANTY, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE, OR OTHERWISE RELATING TO THE CONDITION OF THE PROPERTY (INCLUDING, WITHOUT LIMITATION, ANY IMPLIED OR EXPRESS WARRANTY OF MERCHANTABILITY, OF FITNESS FOR A PARTICULAR PURPOSE, OR OF CONFORMITY TO MODELS OR SAMPLES OF MATERIALS).

By acceptance of this Assignment and Bill of Sale, ASSIGNEE hereby assumes and agrees to indemnify and hold ASSIGNOR harmless of and from liability for plugging of any and all wells located on the leased premises.

This Assignment and Bill of Sale shall be effective as of \_\_\_\_\_\_1, 2011, at 7:50 a.m., Central Standard Time (the "Effective Date" and "Effective Time").

The terms, covenants and conditions hereof shall be binding upon and shall inure to the benefit of the parties hereto, their successors and assigns.

ASSIGNEE joins in the execution hereof for the purpose of being bound by all of the terms, provisions, obligations and covenants herein.

IN WITNESS WHEREOF, this Assignment and Bill of Sale has been executed this 10 day of  $M_{0.0}$ , 2011, but shall be effective as of the Effective Time, for all purposes.

ASSIGNEE:

ASSIGNOR:

GENERAL PETROLEUM COMPANY, LLC

ROBERTS

RTS

DIXIE DIANE ROBERTS

SULE LEVINE, MANAGING MEMBER GENERAL PETROLEUM COMPANY, INC.

By:

#### STATE OF KANSAS

E My Appointment Expires:  $\frac{y}{4}$ -12 - 2012

# COUNTY OF <u>(hautauqua</u>) SS:

BE IT REMEMBERED that on this  $51^{\circ}$  day of May, 2011, before me, a Notary Public in and for the County and State aforesaid, came Randy L. Roberts and DIANE Roberts, husband and wife, who are personally known to me to be the same persons who executed the within instrument of writing and such persons duly acknowledged the execution of the same to be their free act and deed.

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

- Hebb

Notary Public

STATE OF CALIFORNIA COUNTY OF <u>LOS Angeles</u> } ss.

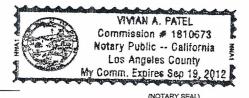
On <u>10</u> <u>May</u>, 2011, before me, <u>Vivian A. Palel, Motory</u> Public personally appeared <u>Sure Levine</u> of General Petroleum Company, LLC, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that be/she executed the same in bis/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

California Civil Code Section 1189(a)(1) (rev 1/2008)



## STATE OF KANSAS

### COUNTY OF MONTGOMERY

BE IT REMEMBERED that on this 19 day of 19, 2011, before me, a Notary Public, in and for the County and State aforesaid, came Allan L. Levine, President of General Petroleum Company, Inc., a corporation incorporated and existing under and by virtue of the laws of the State of Kansas, and who is personally known to me to be such officer and who is personally known to me to be the same person who executed, as such officer, the within instrument of writing on behalf of said corporation, and such person duly acknowledged the execution of the same to be the act and deed of said corporation.

the

) SS:

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

TON R. VIETS Printed Name

My Appointment Expires: