KOLAR Document ID: 1463944

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

All blanks must b Interview of complication of compliance with the Kanasa Surface Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Image: No. of Oil Wells Image: Solid Art, Cortification of Compliance with this form. Image: Solid Art, Cortification of Compliance with this form. Image: Solid Art, Cortification of Compliance with this form. Image: Solid Article Boxes: Image: Solid Article Boxes: Image: Solid Article Boxes: Image: Solid Article Print No: Image: Solid Article Print Prin		ATION COMMISSION Form T- July 2012 SERVATION DIVISION Form must be Typed			
Fork KSONA-1, Certification of Compliance with the Kanass Surface Owner Notification Act. MUST De submitted with this form. Image: No. of Oil Wells ** Image: No. of Oil Wells ** Image: No. of Gas Wells ** Image: No. of Gas Wells ** Image: No. of Gas Wells ** Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Image: Enhanced Recovery Project Permit No: Image: Sativater Disposal Well * Permit No: Image: Sativater Disposal Well * Permit No: Production Zone(s): Field Name: Imigetion Wells Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Image: Sativater Disposal Well * Permit No: Imigetion Zone(s): Sativater Disposal Well * Permit					
Check Applicable Boxes: MUST be submitted with this form. Image: Check Applicable Boxes: Image: Check Applicable Boxes: Image: Check Applicab					
Gas Lease: No. of Gas Wells ** Gas Gatharing System:	MUST be submit				
Gas Gathering System: International System: Gas Gathering System: International System: Sativator Disposal Well - Permit No: International System: Gas Gathering System: International System: Stational System: International System: Stational System: International System: Field Name: International System: Surface Pit Parmit No: International System:<	Oil Lease: No. of Oil Wells**	Effective Date of Transfer:			
Gas Gathering System:	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 legal Description of Lease: Phone: Date: Legal Description and Lease:	Saltwater Disposal Well - Permit No.:				
Entire Project: Yes No Number of Injection Wells ** Field Name: Production Zone(s): Injection Zone(s): Injection Zone(s): Surface Pit Permit No:: (API No. if Drill Pit, WO or Haul) feet from Yes of Pit: Emergency Burn Settling Past Operator's License No. Contact Person: Phone: Past Operator's License No. Contact Person: Phone: New Operator's License No. Contact Person: New Operator's License No. New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Date: Date: Title: Signature: Signature: Contact Person: Date: New Operator's Name & Address: Date: Date: Date: Title: Signature: Signature: Date: Date: Date: Contact Person: Date: Date: Date: Date: Date: Date: Date: Date: Date:					
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::	Enhanced Recovery Project Permit No.:				
Field Name:	Entire Project: Yes No	County:			
Field Name: Injection Zone(s): Surface Pit Permit No::	Number of Injection Wells**	Production Zone(s):			
Injection 2one(s): Injection 2one(s): Surface Pit Permit No:: (API No. il Drill Pit, WO or Haul) feet from N / S 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: Date: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Signature: Date: Signature: Date: Date: Title: Signature: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Contact Person: Date: Date: Date: Title: Signature: Date: Signature: Date: Sign	Field Name:				
(API No. if Drill Pit, WO or Haul)		Injection Zone(s):			
Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone:	(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section			
Past Operator's Name & Address: Phone:	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Date:	Past Operator's License No.	Contact Person:			
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Date: Title: Signature: Title: Signature: Contact Person: Phone: Oil / Gas Purchaser: Date: Date: Signature: Title: Signature: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Signature: Title: Signature: Commission records and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	Past Operator's Name & Address:	Phone:			
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Date: Title: Signature: Title: Signature: Contact Person: Phone: Oil / Gas Purchaser: Date: Date: Signature: Title: Signature: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Date: Contact Person: Phone: Date: Signature: Title: Signature: Commission records and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.		Data			
New Operator's License No. Contact Person: 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 # 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 the new operator of the above named lease containing the surface					
New Operator's Name & Address: Phone:		Signature:			
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 # Commission records and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor 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 the new operator of the above named lease containing the surfation.	New Operator's License No.	Contact Person:			
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 # Commission records and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor 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 the new operator of the above named lease containing the surfation.	New Operator's Name & Address:	Phone:			
Date:					
Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor 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 noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corpor 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 Corpor Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	Title:	Signature:			
the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surfa	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 the new operator of the above named lease containing the surfa	is acknowledged as	is acknowledged as			
Permit No.: Recommended action: permitted by No.:		the new operator of the above named lease containing the surface pit			
	Permit No.: Recommended action:	permitted by No.:			
Date: Date:	Date:	Date:			
Date: Date: Authorized Signature Authorized Signature Authorized Signature					
DISTRICT EPR PRODUCTION UIC	DISTRICT EPR	PRODUCTION UIC			

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)
		<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		
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		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.

KOLAR Document ID: 1463944

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 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.			
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: ______

Bill of Sale

Drillers and producers, Inc

P.O. Box 385

Newton, KS. 671114

7/02/2019

Drillers and producers conveys/transfers the operations of it's leases to Lachenmayr Oil LLC. Effective June 1st 2019

S-Date 7/02/ 19

William M Hanson

- Mate 7/02/19 0

John D Lachenmayr

Exhibit "A"

Berry 09-22S-04E W/2

Rogers 15-22S-04E S/2 NE/4 AND SE/4

Burton 15-22S-04E NW/4

Speir 08-22S-04E NE/4

Faylor 04-22S-04E SW/4

Hanson 05-22S-04E S/2 NE/4 SE/4

Latrop Hawk C 05-22S-04E S/2 NE/4 AND SE/4

DeForest C 21-21S-04E SW/4

DeForest B 28-21S-04E E/2 NW/4 EXCEPT S/2 NW/4 NE/4 NW/4 AND N/2 SW/4 NE/4 NW/4 ALL IN

Jolliffe 09-22S-04E NW/4

O'Jolliffe 09-22S-04E S/2 NW/4