## KOLAR Document ID: 1463949

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

Oil Lease: No. of Oil Wells       **         Gas Lease: No. of Gas Wells       **         Gas Cathering System:       **         Saltwater Disposal Well - Permit No::       **         Saltwater Disposal Well - Permit No::       **         Sealtwater Disposal Well - Permit No::       **         Enter Project:       Yes         Number of Injection Wells       **         Field Name:       **         ** Side Two Must Be Completed.       **         Surface Pit Permit No::       (API No. if Dni PB, WO ar Haul)         ** Side Two Must Be Completed.       **         Surface Pit Permit No::       (API No. if Dni PB, WO ar Haul)         ** Side Two Must Be Completed.       **         Surface Pit Permit No::       (API No. if Dni PB, WO ar Haul)         ** Side Two Must Be Completed.       **         Surface Pit Permit No:       (API No. if Dni PB, WO ar Haul)         ** Side Two Must Be Completed.       **         Surface Pit Permit No:       (API No. if Dni PB, WO ar Haul)         **       feet from       E / W Line of Section         Type of Pit:       Emergency       Burn       Setting         Phone:       Date:       Date:       Onitact Person:         Phone:       Onitact Pers	KANSAS CORPORATION COMMISSION Form July OIL & GAS CONSERVATION DIVISION Form must be Division				
Check Applicable Boxes:       MUST be submitted with this form.         O II Lease:       No. of Oil Wells         G as Lease:       No. of Gas Wells         Sativater Disposal Well - Permit No::	TRANSFER OF INJECTIO	ANGE OF OPERATOR All blanks must be Filled N OR SURFACE PIT PERMIT			
Gas Lasse: No. of Gas Wells       **         Gas Gathering System					
Gas Gatharing System:	Oil Lease: No. of Oil Wells**	Effective Date of Transfer:			
Sativater Disposal Well - Permit No:	Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Salwater Olisposal Well - Permit No:	Gas Gathering System:	Leace Name			
Spot Location: feet from N / S Line   feet from E / W Line   Enhanced Recovery Project Permit No:   Entire Project: Yes   Number of Injection Wells     ** Side Two Must Be Completed.      Field Name:   ** Side Two Must Be Completed.   Surface Pit Permit No:   (API No. if Drill Pit, WO or Hauli)   feet from   Number of Injection Xells   Field Name:   ** Side Two Must Be Completed.   Surface Pit Permit No:   (API No. if Drill Pit, WO or Hauli)   feet from   Note:   Past Operator's License No.   Past Operator's License No.   Past Operator's License No.   Contact Person:   Past Operator's License No.   Contact Person:   Past Operator's License No.   Contact Person:   Date:   Oil / Gas Purchaser:   Oil / Gas Purchaser:   Date:   Signature:   Title:   Signature:   is acknowledged as   the new operator and may continue to Inject fluids as authorized by   Permit No:   Permit No:   is acknowledged as   the new operator of the above named lease containing the surface pit   premited by No:   Date:	Saltwater Disposal Well - Permit No.:				
Entire Project:       Ves       No         Number of Injection Wells					
Number of Injection Weils       **         Field Name:       **         Field Name:       Injection Zone(s):         Injection Zone(s):       Injection Zone(s):         Surface Pit Permit No:       (API No. it Dail Pit, WO or Haul)         Type of Pit:       Emergency         Past Operator's License No.       Contact Person:         Past Operator's Name & Address:       Phone:         Date:       Signature:         New Operator's License No.       Contact Person:         Phone:       Date:         Oil / Gas Purchaser:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Oil / Gas Purchaser:       Date:         Title:       Signature:         Contact Person:	Enhanced Recovery Project Permit No.:				
Number of Injection Wells       **         Field Name:       **         Surface Pit Permit No::	Entire Project: Yes No	County:			
Field Name:       Injection Zone(s):         "* Side Two Must Be Completed.         Surface Pit Permit No::	Number of Injection Wells **				
Injection 2 Side Two Must Be Completed.         Surface Pit Permit No::         (API No. II Drill PII, 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:       Date:         New Operator's License No.       Contact Person:         New Operator's License No.       Contact Person:         New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Signature:       Date:         Title:       Signature:         Date:       Signature:         Contact 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.         Image:	Field Name				
(API No. it Drill PIt, WO or Haul)		Injection Zone(s):			
Past Operator's Name & Address:       Phone:         Date:       Date:         Dille:       Signature:         New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Title:       Signature:         Date:       Date:         Date:       Date:         Date:       Signature:         Date:       Signature:         Date:       Signature:         Date:       Signature:         Date:       Is acknowledgment of Transfer:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection 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.		feet from E / W Line of Section			
Past Operator's Name & Address:       Phone:         Date:       Date:         Dill:       Signature:         New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Title:       Signature:         Date:       Date:         Date:       Date:         Date:       Signature:         Date:       Signature:         Date:       Signature:         Date:       Signature:         Date:       Is 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 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 pit         permit No:	Past Operator's License No.	Contact Person:			
Date:					
Title:       Signature:         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 #         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 #         Inscience					
New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         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 #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit.         Image:		Date:			
New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         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 #         Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.       Is acknowledged as         is acknowledged as       is acknowledged as       the new operator of the above named lease containing the surface pit         Permit No:       .       .       .         Date:	Title:	Signature:			
Oil / Gas Purchaser:	New Operator's License No.	Contact Person:			
Date:	New Operator's Name & Address:	Phone:			
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.		Oil / Gas Purchaser:			
Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #		Date:			
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. 	Title:	Signature:			
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	noted, approved and duly recorded in the records of the Kansas Corporatio	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Permit No.:	is acknowledged as	is acknowledged as			
Date: Date: Date: Date: Authorized Signature Authorized Signature	the new operator and may continue to inject fluids as authorized by	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					
	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		
		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: 1463949

#### 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 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: \_\_\_\_\_\_

SCHUPBACH 3410 33-2H (NE/4 NW4 NE/4 NE/4 OF 4-35S-10W) ADDITIONAL SURFACE OWNERS FOR KSONA-1

JOHN SHUPBACH 707 N. 7<sup>TH</sup> STREET KIOWA, KS 67070

DOROTHY HUMPHREY 903 CAMPBELL STREET KIOWA, KS 67070

THE BRYAN DOUGLAS VANNAMAN & MELANIE VANNAMAN REV. TRUST DATED 10/1/2012 C/O BRYAN DOUGLAS VANNAMAN & MELANIE VANNAMAN, TRUSTEES 9711 N. HOOVER VALLEY CENTER, KS 67147



June 25, 2019

# Re: KCC Form T-1 – REQUEST FOR CHANGE OF OPERATOR, TRANSFER OF INJECTION OR SURFACE PIT PERMIT

In lieu of a Lease, Lease Agreement or Bill of Sale attached to this Form T-1 as required by the KCC, please see the *Assignment, Bill of Sale & Conveyance* from Tapstone Energy, LLC to BCE-Mach, LLC attached to the Form T-1 for the following Lease/Well:

Lease: ALBRIGHT CROFT 3407 Well Number: 15-1, 15-1H & 15-2H Location: 15-34S-07W Effective Date: 06/27/2019

If you have any questions, please contact Renner Jantz by phone at 405-702-5480 or by email at <u>rjantz@tapstoneenergy.com</u>.

Respectfully,

Tapstone Energy, LLC

Renner T. Jantz Corporate Counsel