KOLAR Document ID: 1463960

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

| | ATION COMMISSION Form T-1 July 2014 ERVATION DIVISION Form must be Typed | | | | |
|--|--|--|--|--|--|
| REQUEST FOR CHANGE OF OPERATOR Form must be Signed All blanks must be Filled TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, | | | | | |
| | tted 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: | Lease Name: | | | | |
| Saltwater Disposal Well - Permit No.: | | | | | |
| Spot Location: | 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.: (API No. if 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: | | | | |
| Title: | Signature: | | | | |
| New Operator's License No | Contact Person: | | | | |
| New Operator's Name & Address: | Phone: | | | | |
| | Oil / Gas Purchaser: | | | | |
| | Date: | | | | |
| | Signature: | | | | |
| | authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation 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: | | | | |
| Authorized Signature | Authorized Signature | | | | |
| 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 | | |
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| | | 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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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: Zip: + Contact Person: | If filing a Form T-1 for multiple wells on a lease, enter the legal description of 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 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 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