KOLAR Document ID: 1464578

### 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:  | uea wur uns iorin.  |  |  |
|--|---|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer:  KS Dept of Revenue Lease No.:                                  |  |  |
| Gas Lease: No. of Gas Wells**  |   |  |  |
| Gas Gathering System:  | Lease Name:   |  |  |
| Saltwater Disposal Well - Permit No.:  |   |  |  |
| Spot Location: feet from N / S Line  | SecTwp R E W Legal Description of Lease:  |  |  |
| feet from E / W Line   |   |  |  |
| 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.:  | feet from N / S Line of Section feet from E / W Line of Section  Haul-Off Workover Drilling |  |  |
| Past Operator's License No.  | Contact Person:   |  |  |
| Past Operator's Name & Address:  |   |  |  |
| rasi 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:   |  |  |
|  |   |  |  |
| Title:   | Signature:  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the | Commission. This acknowledgment of transfer pertains to Kansas Corporation                  |  |  |
| 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  |  |  |

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#### Side Two

#### Must Be Filed For All Wells

| * Lease Name: * Location: |                              |   |                          |                                   |                                      |
|---------------------------|------------------------------|---|--------------------------|-----------------------------------|--------------------------------------|
| Well No.                  | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) |                          | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
|                           |                              | Circle<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                  |                                   |                                      |
|                           |                              | FSL/FNL   | FEL/FWL                  |                                   |                                      |
|                           |                              | FSL/FNL   | FEL/FWL                  |                                   |                                      |
|                           |                              | FSL/FNL   | FEL/FWL                  |                                   |                                      |
|                           |                              |   | FEL/FWL                  |                                   |                                      |
|                           |                              |   |                          |                                   |                                      |
|                           |                              |   |                          |                                   |                                      |
|                           |                              |   |                          |                                   |                                      |

A separate sheet may be attached if necessary

<sup>\*</sup> 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

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# 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  | <b>3-1</b> (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:   | 9  |  |  |
| Contact Person:   | the lease below:   |  |  |
| Phone: ( ) Fax: ( )   | _  |  |  |
| Email Address:  |  |  |  |
| Surface Owner Information:  |  |  |  |
| Name:   |  |  |  |
| 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  |  |  |
| Address 2:  | the state of the s |  |  |
| City:   | _  |  |  |
|   | tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  |  |  |
| owner(s) of the land upon which the subject well is or will be  | ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rem being filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, and email address.   |  |  |
| KCC will be required to send this information to the surface  | I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this ress of the surface owner by filling out the top section of this form and he KCC, which is enclosed with this form.   |  |  |
| If choosing the second option, submit payment of the \$30.00 handl form and the associated Form C-1, Form CB-1, Form T-1, or Form C | lling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.  |  |  |
| I hereby certify that the statements made herein are true and correct   | ct to the best of my knowledge and belief.   |  |  |
| Date: Signature of Operator or Agent:   | Title:   |  |  |

Book: 2019 Page: 4758

RTN: MG Oil, Inc. PO Box 162 Russell, KS 67665

Receipt #: 136979 Pages Recorded: 1 Total Fees: \$21.00

Date Recorded: 6/20/2019 11:23:24 AM



BIGELOW, CARR, CARVER

## **ASSIGNMENT OF OIL AND GAS LEASE**

KNOW ALL MEN BY THESE PRESENTS: THAT,

The undersigned <u>SHERRANA ABDERHALDEN</u>, hereafter called 'Assignor', for good and valuable consideration, the receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over unto <u>MG OIL, INC (50%) & INVESTMENT EQUIPMENT LLC (50%)</u>, P.O. BOX 162, RUSSELL, KS 67665-, hereinafter called 'Assignee', all of Assignor's <u>working interest</u> in and to the following oil and gas lease:

DATE: August 12, 1984

LESSOR: Ronald H. Bigelow, et ux LESSEE: Kennedy & Mitchell, Inc

RECORDED: BOOK 402 PAGE 72

LEGAL: NW/4 SW/4, N/2 SW/4 SW/4 OF SECTION 27-26S-6E BUTLER COUNTY, KANSAS

DATE: August 11, 1984

LESSOR: Orville C. Carver, et ux LESSEE: Kennedy & Mitchell, Inc

RECORDED: BOOK 401 PAGE 542

LEGAL: NE/4 SW/4, N/2 SE/4 SW/4, W/2 SE/4 OF SECTION 27-26S-6E BUTLER COUNTY, KANSAS

DATE: January 21, 1985 LESSOR: N. B. Carr, et ux

LESSEE: Kennedy & Mitchell, Inc

RECORDED: BOOK 406 PAGE 257

LEGAL: NW/4 OF SECTION 34-26S-6E BUTLER COUNTY, KANSAS

together with the rights incident thereto and the personal property thereon, appurtenant thereto, or used, or obtained in connection therewith.

This assignment shall be made without warranty of title, either express or implied. Subject to its proportionate share of Overriding Royalty Interest. Assignor grants Power of Attorney to Assignee to execute any Transfer Orders effectuating the purpose herein.

This assignment shall be effective as of <u>June 1, 2019</u>.

EXECUTED this 7th day of June, 2019

SHERRANA ABDERHALDEN

STATE OF <u>KANSAS</u> §

ss. ACKNOWLEDGMENT FOR INDIVIDUAL

COUNTY OF SEDGWICK &