KOLAR Document ID: 1465924

### 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:  | ttea with this form.   |  |  |  |
|--|--|--|--|--|
| 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  |  |  |  |
| (API No. if Drill Pit, WO or Haul)   | feet from E / W 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:   |  |  |  |
| Table operator o Hamo a Address.   |  |  |  |  |
|  | Date:  |  |  |  |
| Title:   | Signature:   |  |  |  |
| New Operator's License No.   | Contact Person:  |  |  |  |
| New Operator's Name & Address:   | Phone:   |  |  |  |
| The special of the second seco |  |  |  |  |
|  | Oil / Gas Purchaser:   |  |  |  |
|  | 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.                                     |  |  |  |
| 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:  |  |  |  |  |
| . neconinencea action.   | permitted by No.:  |  |  |  |
| Data   | Data   |  |  |  |
| Date: Authorized Signature   | Date:  |  |  |  |
| DISTRICT EPR   | PRODUCTION UIC   |  |  |  |
|  |  |  |  |  |

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### Side Two

### Must Be Filed For All Wells

| KDOR Lease No.: |                              |                          |                   |                                   |                                      |  |
|-----------------|------------------------------|--------------------------|-------------------|-----------------------------------|--------------------------------------|--|
| * Lease Name:   |                              |                          | * Location:       | * Location:                       |                                      |  |
| Well No.        | API No.<br>(YR DRLD/PRE '67) |                          |                   | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |  |
|                 |                              | <i>Circle</i><br>FSL/FNL | Circle<br>FEL/FWL |                                   | -                                    |  |
|                 |                              | FSL/FNL                  | FEL/FWL           |                                   | _                                    |  |
|                 |                              | FSL/FNL                  | FEL/FWL           |                                   | <u> </u>                             |  |
|                 |                              | 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           |                                   |                                      |  |
|                 |                              |                          | FEL/FWL           |                                   |                                      |  |
|                 |                              |                          | FEL/FWL           |                                   |                                      |  |
|                 |                              |                          | FEL/FWL           |                                   |                                      |  |
|                 |                              | FSL/FNL                  |                   |                                   |                                      |  |
|                 |                              | FSL/FNL                  |                   |                                   |                                      |  |
|                 |                              |                          |                   |                                   | -                                    |  |
|                 |                              |                          |                   |                                   |                                      |  |
|                 |                              |                          | FEL/FWL           |                                   |                                      |  |
|                 |                              | F5L/FNL                  | 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-1   | I (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)  |
|--|---|
| OPERATOR: License #  | Well Location:  |
| Name:  | SecTwpS. R  |
| 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  |
| 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:   | county, and in the real estate property tax records of the county treasurer.  |
| City:  |   |
| the KCC with a plat showing the predicted locations of lease roads, tal  | nodic Protection Borehole Intent), you must supply the surface owners and the batteries, pipelines, and electrical lines. The locations shown on the plat 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   | Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.                             |
| KCC will be required to send this information to the surface of  | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF | ng fee with this form. If the fee is not received with this form, the KSONA-1<br>P-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:  | Title:  |

# WHITEMAN

# ASSIGNMENT OF OIL AND GAS LEASE

KNOW ALL MEN BY THESE PRESENTS: THAT,

The undersigned DOLPHIN ENERGY LLC, hereafter called 'Assignor', for good and valuable consideration, the receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over unto BEAR PETROLEUM LLC, P.O. BOX 438, HAYSVILLE, KS 67060-, hereinafter called 'Assignee', all of Assignor's working interest in and to the following oil and gas lease:

DATE: August 24, 1977
LESSOR: Wilberta L. Whiteman, a widow
LESSEE: John S. Martin
RECORDED: BOOK 358
RECORDED: BOOK 358
LEGAL: SE/4 SW/4 NE/4 & NE/4 OF SECTION 9-18S-14W BARTON COUNTY, KANSAS

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

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

This assignment shall be effective as of June 1, 2019.

ログン day of EXECUTED this 20

20 19

DOLPHIN ENERGY LLC

NEAL RUDDER

PAC COUNTY OF STATE OF

ACKNOWLEDGMENT FOR CORPORATION

000 000 000

day of of Dolphin Energy, LLC, The foregoing instrument was acknowledged before me this 20/9, BY UEAL RUDDER of Dolphii corporation, on behalf of the corporation D

My Commission Expires

otary Public

