KOLAR Document ID: 1468157

## 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:   |  |  |  |  |
| Gas Lease: No. of Gas Wells**  | KS Dept of Revenue Lease No.:   |  |  |  |  |
| 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:  | Phone:  |  |  |  |  |
| rasi Operator s Name & Address.  |   |  |  |  |  |
|  | 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) CI  | B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)  |
|---|---|
| OPERATOR: License #   | Well Location:  |
| Name:   | SecTwpS. R 🗌 East 🗌 West  |
| 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: State: Zip:+  | _   |
| are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will | 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.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. |
| CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, for   | orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, 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 se owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.  |
| If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form  | dling 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 corre   | ect to the best of my knowledge and belief.   |
| Date: Signature of Operator or Agent:   | Title:  |

BUTLER COUNTY, KS
RECHSTER OF DEEDS
Marcia McCoy

Book: 2019 Page: 5655

Receipt #: 137758 Pages Recorded: 2

Date Recorded: 7/18/2019 12:21:29 PM

### ASSIGNMENT OF OIL AND GAS LEASE

#### KNOW ALL MEN BY THESE PRESENTS:

"Assignors" for Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, do sell, assign, transfer, and set over all working interests unto, Webster Oil, LLC, hereinafter called "Assignee", their respective heirs, successors and assigns all their interests, right and title in the following described oil and gas leaseholds, to wit:

N/2 of Section 3 Township 29S Range 6E Butler County, Kansas, together with all ownership of any other leasehold estate and equipment located on said premises.

Need Lease dated December 19, 1986, between Richard D. Smith as lessee and Oran E. Need and Mildred C. Need, his wife, as lessors, recorded in Book 420 Page 489 Butler County, Kansas.

Together with the rights incident thereto, the personal property located thereon, appurtenant thereto or used or obtained in connection with the development and operation therewith.

That the Assignors are the lawful owners of and have good title to the interest above assigned in and to said lease, estate, rights and property, free and clear from all liens, encumbrances or adverse claims; That said lease is a valid and subsisting lease on the land above described, and all rentals and royalties due there under have been paid and all conditions necessary to keep the same in full force have been duly performed, and that the Assignors will warrant and forever defend the same against all persons whomsoever, lawfully claiming or to claim the same.

This assignment is effective June 1, 2019.

IN WITNESS WHEREOF, Assignors executed this Assignment on the 3rd day of Jone, 2019.

| STATE | OF KA | NSAS  |   | )      |
|-------|-------|-------|---|--------|
|       |       |       |   | ) s.s. |
| COLIN | TY OF | BUTUE | R | 1      |

The foregoing instrument before me on this 3rd day of June, 2019, and personally appeared Michael and Diane Riser. In Witness Whereof, I have hereunto set my hand and seal, the day and year last above written.

My appointment expires: 3-8-22

NOTARY PUBLIC - State of Kansas MARY E. WILLIAMS My Appt Expires 3-8-22

Notary Public Mary E. Williams