KOLAR Document ID: 1472393

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

		ATION COMMISSION Form T-1 July 2014 ERVATION DIVISION Form must be Typed Form must be Signed
Check Applicable Boxes: MUST be submitted with this form. OIL Lease: No. of Oil Wells ** Gas Casthering System: Effective Date of Transfer: Gas Gathering System: feet from N / S Line Spot Location: feet from N / S Line Enthanced Recores: Project Permit No: Sec. County: Res (Sec) Production Zone(s): Res Field Name: //// No If Diff PR, WO or Hauly Field Name: ////////////////////////////////////		ANGE OF OPERATOR All blanks must be Filled
Clinck Applicable Dools:	MUST be submit	
Gas Lesse: No. of Gas Wells		
Gas Gathering System:		
Sativater Disposal Well - Permit No:		KS Dept of Revenue Lease No.:
Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No:		Lease Name:
Enhanced Recovery Project Permit No; Entire Project: Yes Number of Injection Wells ** Field Name: ** Surface Pit Permit No:	Spot Location: feet from N / S Line	
Entire Project: \end{alignedity} Number of Injection Wells	feet from E / W Line	
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::	Enhanced Recovery Project Permit No.:	
Field Name: Injaction Zone(s): Injaction Zone(s): Injaction Zone(s): Surface Pit Permit No.:	Entire Project: Yes No	County:
** Side Two Must Be Completed. Surface Pit Permit No:: (APT No. if Drill Pit, WO or Haul) feet from N / S Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone: Date: Signature: 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: 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 #	Number of Injection Wells**	Production Zone(s):
** Side Two Must Be Completed. Surface Pit Permit No::	Field Name:	Injection Zone(s):
(API No. It Drill Pit, WO or Haul)	** Side Two Must Be Completed.	
Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone:		
Past Operator's Name & Address: Phone: Date: Signature: Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Date: Title: Signature: Date: Date: Oil / Gas Purchaser: Date: Date: Signature: 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.	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
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 # 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 Is acknowledged as the new operator of the above named lease containing the surface pit permit the by No: Date:	Past 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 the new operator and may continue to inject fluids as authorized by It he new operator of the above named lease containing the surface pit Permit No:	New Operator's License No.	Contact Person:
Date:	New Operator's Name & Address:	Phone:
Date:		Oil / Gas Purchaser:
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.		
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.		
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: Date:	noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Permit No.:	is acknowledged as	is acknowledged as
Date: Date: Date: 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	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 Secti (i.e. FSL = Feet from S		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			

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-
July 201
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
Contact Person:	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
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: ______

MEMORANDUM OF TRANSFER OF OPERATORSHIP OF WELLS

This Memorandum of Transfer of Operatorship of Wells ("<u>Memorandum</u>") is made and entered into effective October 1, 2019 ("<u>Effective Time</u>"), by and between O'Brien Resources, LLC, a Texas limited liability company ("<u>Transferor</u>"), and Grand Mesa Operating Company, a Kansas corporation ("<u>Transferee</u>").

WHEREAS, effective as of 12:01 a.m., Central Standard Time on June 1, 2019, O'Benco IV, LP, a Delaware limited partnership, assigned certain Oil and Gas Assets (as such term is defined thereby, including the Wells described on <u>Exhibit A</u> attached hereto) to Pachira Oil and Gas II, LLC, a Delaware limited liability company ("<u>Pachira II</u>").

WHEREAS, effective as of October 1, 2019, Pachira II assigned certain Assets (as such term is defined thereby, including the Wells described on **Exhibit A** attached hereto) to Transferee.

NOW THEREFORE, for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto have entered into this Memorandum as follows:

The oil, gas, and injection wells described on <u>Exhibit A</u> attached hereto ("<u>Wells</u>") are presently operated by Transferor. In accordance with the terms of the referenced agreements, effective as of the Effective Time, Transferor hereby transfers operations of the Wells to Transferee. Pursuant to certain agreements by and among the working interest owners of the Wells, the operatorship of the Wells has been assigned and transferred to Transferee, who has been issued operator's license No. 9855, which license is currently in full force and effect.

[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]

Memorandum of Transfer of Operatorship of Wells

TRANSFEROR

O'Brier	n Resources, LLC	
By:	Man MI	
Name:	Gary H. Love	
Title:	General Counsel and Secretary	

Signature Page to Memorandum of Transfer of Operatorship of Wells

TRANSFEREE

Grand Mesa Operating Company

By: Name: 7 $H_{\rm V}$ Cha.a Title: dent

EXHIBIT A

"Wells"

API	WELLNAME	TYPE	STATUS
15-101-22468	REDBURN 1-1	OIL	ACTIVE
15-101-22151	BOOMHOWER 36-1	OIL	SHUT-IN
15-101-22481	BOOMHOWER 36-4	OIL	ACTIVE
15-101-22343	BOOMHOWER 36-2	OIL	SHUT-IN
15-101-22464	BOOMHOWER 36-3	OIL	ACTIVE
15-063-22107	SWART 21-1	OIL	ACTIVE
15-063-22184	MJS PENNER 28-1	OIL	ACTIVE
15-063-22108	PRATHER FARMS 22-1	OIL	ACTIVE
15-101-22516	HARPER 1-35	OIL	ACTIVE
15-101-22311	JENNISON 36-1	OIL	ACTIVE
15-101-22099	JENNISON 1-1	OIL	SHUT-IN
15-101-22203	JENNISON 1-2	EOR	ACTIVE
15-101-22289	SNIDER 35-1	OIL	SHUT-IN
15-101-22445	SNIDER-SHARP 35-1	OIL	ACTIVE
15-101-22314	SHARP SEED 2-1	OIL	ACTIVE
15-101-22493	SHARP SEED 2-2	OIL	ACTIVE
15-101-22117	COLT 45 FBCE 2-1	OIL	ACTIVE
15-101-22478	COLT 45 FBCE 2-4	OIL	ACTIVE
15-165-22139	BESPERAT 33-1	OIL	ACTIVE
15-165-22136	VONDRACEK 34-1	OIL	ACTIVE
15-165-22130	MOEDER 3-1	OIL	ACTIVE
15-165-22143	MOEDER 3-2	OIL	SHUT-IN
15-165-22088	VONDRACEK 4-1	OIL	ACTIVE
15-165-22133	VONDRACEK 4-2	OIL	ACTIVE