KOLAR Document ID: 1479080

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: ////////////////////////////////////		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 ted 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										
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		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.

KOLAR Document ID: 1479080

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
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: ______

ASSIGNMENT OF OPERATIONS

KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS, Liberty Operations & Completions, Inc. ("Assignor") is the operator and owner of an undivided working interest in and to oil, salt water disposal, and enhanced oil recovery wells located in Ellis and Rooks Counties, Kansas, as described in Exhibit A.

NOW THEREFORE, in consideration of the exchange of One Dollar (\$1.00) and other good and valuable consideration, of which the receipt and sufficiency is hereby acknowledged, Assignor does hereby assign, sell, transfer, and convey to Jeff Crawford d/b/a Jeff's Oilwell Supervision, all of Assignor's right, title, and interest in the right to operate the wells described in Exhibit A.

It is further agreed and understood that this Assignment shall not include any working interest or overriding royalty interest in the wells, but is limited strictly to the right to operate the wells under any operating agreement between Assignor and the working interest owners.

This assignment is made and executed and delivered without warranty of any kind and no warranty shall be implied.

IN WITNESS WHEREOF, this instrument is executed this 30th day of October, 2019.

Liberty Operations & Completions, Inc.

oger L. Comeau, President

Jeff's Oilwell Supervision

STATE OF KANSAS, COUNTY OF ELLIS, ss

Acknowledged before me this 30th day of October, 2019, by Roger L. Comeau, President of Liberty Operations & Completions, Inc.

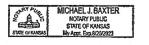
Notary Public

CHAEL J. BAXTER NOTARY PUBLIC STATE OF KANSAS

Appointment

STATE OF KANSAS, COUNTY OF ELLIS, ss

Acknowledged before me this 30th day of October, 2019, by Jeff S. Crawford d/b/a Jeff's Oilwell Services.



Appointment

Notary Public

<u>Oil Lease</u> Codes	113218	145795	119010	119010		144530	144530	111018		139992	139992	136826	136826	136826	136826	136826	136175	121949	121949				142109	142109	142110	142110	137438	141586	143235	
<u>Well</u> Status	R	~~~	7	~	_	æ	_	~		~	~	~		~																
<u>Well</u> Type	1	-	2	2	VD AI	L PR	N L		SWD AI		L PR	_		_		, PR								Z				РЯ	_	D AI
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Feet E-W	4950 E	330 E	1650 W	1650 W	4322 E	330 W	660 W	2310 W	4402 E	570 W	1330 W	2970 E	4950 E	4620 E	M 066	2200 E	2310 E	1090 E	2310 E	3084 E	518 E	1950 E	925 W	640 W	2310 W	1650 W	1100 E	330 E	1380 W	2260 E
Feet N-S N-S	3630 S	330 N	5 066	330 S	1056 S	1455 N	1100 N	900 S	1646 S	850 N	860 N	2970 S	2970 S	3630 S	N 066	2300 N	330 N	380 N	330 N	576 S	4471 S	4942 S	1760 N	2740 S	770 S	1740 N	2070 N	1650 S	1365 N	630 N
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County	Rooks	Rooks	Rooks	Rooks	Rooks	Ellis	Ellis	Rooks	Rooks	Ellis	Ellis	Rooks	Rooks	Rooks	Rooks	Rooks	Ellis	Rooks	Rooks	Rooks	Rooks	Ellis	Rooks	Rooks	Rooks	Rooks	Rooks	Rooks	Rooks	Rooks
	3844 R	3855 R	3330 R	3280 R	3631 R	3610 EI	3615 El	3680 R	3655 R(3490 El	3500 EI	3446 R(3418 Ro	3419 Ro	3415 Ro	3485 Rc	3576 El	3520 Rc	3485 Rc	3602 Rc	3771 Rc	3651 EII	3800 Rc	3768 Rc	3780 Rc	3775 Rc	3700 Rc	3879 Rc	3790 Rc	1671 Rc
Depth	n	ŝ	e	'n	m	m	ŝ	e	£	m	ŝ	m	'n	ŵ	ŵ	m	m	ñ	m	ñ	m	ñ	ñ	'n	'n	'n	ŝ	ñ	ŝ	ñ
<u>Year</u> Drilled	1979	2014	1982	1982	1982	2013	2014	1981	2015	2009	2009	1954	1957	1960	1965	2008	2003	2013	1984	1984	2011	2004	2011	2012	2014	2011	2005	2011	2012	2012
er	0000	0001	0000	0000	0000	0000	0001	0000	0001	0000	0000	0000	0000	0000	0000	0000	0000	0001	0000	0000	0000	0002	0000	0000	0000	0000	0000	0001	0000	0001
<u>API Number</u>	15-163-21000-0000	15-163-00766-0001	15-163-21792-0000	4 15-163-21871-0000	3 15-163-21852-0000	15-051-26607-0000	15-051-25194-0001	15-163-21327-0000	15-163-21905-0001	15-051-25854-0000	15-051-25865-0000	15-163-00826-0000	15-163-01482-0000	15-163-01483-0000	15-163-30018-0000	15-163-23680-0000	15-051-25240-0000	15-163-20610-0001	15-163-22429-0000	15-163-22461-0000	.5-163-23994-0000	15-051-30262-0002	1 15-163-23979-0000	15-163-24020-0000	15-163-24198-0000	15-163-23989-0000	15-163-23491-0000	15-163-02582-0001	15-163-24078-0000	.5-163-00668-0001
API	-163-2	-163-(-163-2	-163-2	-163-2	-051-2	-051-2	-163-2	-163-2	-051-2	-051-2	-163-0	-163-0	-163-0	-163-3	-163-2	-051-2	-163-2	-163-2	-163-2	-163-2	-051-3	-163-2	-163-2	-163-2	-163-2	-163-2	-163-0	-163-2	-163-0
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<u>Well No.</u>																					5									SWD
																				B)										
<u>Lease Name</u>	ALLPHIN	BURTON	C F RUPP	C F RUPP	C F RUPP SWD	CHAROLAIS	CHAROLAIS	COMEAU	COMEAU	CORA	CORA	DIEHL	DIEHL	DIEHL	DIEHL	DIEHL	DONNA MAE	FARR	FARR A	FARR SWD (SALBER B)	GANOUNG	GANOUNG (SWD)	GANOUNG A	GANOUNG A	GANOUNG B	GANOUNG B	GANOUNG R&R	GEORGE LAMBERT	GREEN	GREEN

<u>Exhibit A</u>