KOLAR Document ID: 1479141

| KANSAS CORPORATION COMMISSION |
|---------------------------------|
| OIL & GAS CONSERVATION DIVISION |

| | RATION COMMISSION Form T-1 July 2014 SERVATION DIVISION Form must be Typed |
|---|--|
| TRANSFER OF INJECTIO | ANGE OF OPERATOR NOR SURFACE PIT PERMIT with the Kansas Surface Owner Notification Act, |
| | nitted with this form. |
| 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: | R E W Legal Description of Lease: |
| 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: |
| | |
| | Date: |
| Title: | Signature: |
| New Operator's License No | Contact Person: |
| New Operator's Name & Address: | Phone: |
| | Oil / Gas Purchaser: |
| | Date: |
| Title: | Signature: |
| | n authorization, surface pit permit # has been n Commission. This acknowledgment of transfer pertains to Kansas Corporation e 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: | permitted by No.: |
| Date: | Date: |
| Authorized Signature | 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 | | | | | | | | | | |
| | | 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 | | | | | | | | | | |
| | | | | | | | | | | | | | |

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: 1479141

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: 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: ______

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>Tvpe</u> | 1 | - | 2 | 2 | VD AI | L PR | N L | | SWD AI | | L PR | _ | | _ | | , PR | | | | | | | | Z | | | | РЯ | _ | D AI |
| N F | 0 | OIL | - | _ | | | | | | OIL | | | ō | § | | | | | | SWD | SW | SW | ы | Ы | ы | Ы | ы | oľ | oľ | SWD |
| 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 |
| <u>01</u> | Ŵ | NE | SW | SW | SW | ٨N | ٨N | SW | SW | MN | ŴN | ٨N | ŴŇ | ΜN | ٨N | NE | Ч | NE | R | SW | NE | NE | ٨N | MΝ | SW | ٨N | R | SE | ٨N | NE |
| 62 | SW | ШN | SE | SE | ЗW | SW | ٨N | SE | МN | ۸N | R | R | SW | SW | ٨N | SW | ٨N | R | NN | SE | ЫN | Ň | SW | SW | SE | | SE | ШZ | SE | M |
| 8 | NΝ | NE | МV | SW | NE | MN | S2 | R | SE | SW | SW | SE | SW | N2 | SE | SW | MN | MΝ | ٨N | SE | S | N2 | NE | SW | NE | ŇN | SW | SE | ۸N | Ŵ |
| 14 16 | | | | | | NZ | S2 | | | ЫN | ŴN | | | | | ΝE | | SW | | | MΝ | | SW | SE | S2 | S2 | | | Ň | SE |
| <u>Rge Dir</u> | 20 W | 17 W | 18 W | 18 W | 18 W | 17 W | 17 W | 18 W | 18 W | 17 W | 19 W | 19 W | 19 W | 17 W | 17 W | 17 W | 17 W | 17 W | 17 W | 17 W | 20 W | 19 W | 19 W |
| Twp R | 6 | 10 | 7 | 7 | 7 | 11 | 11 | 6 | 6 | 11 | 11 | ٥ | თ | 6 | თ | ი | 11 | 8 | ∞ | ~ | 10 | 11 | 10 | 10 | 10 | 9 | 10 | Б | б | ი |
| Sec I | 35 | 20 | 24 | 24 | 24 | S | ŝ | 25 | 25 | 6 | 6 | S | ŝ | ഗ | ъ | ŝ | m | Ч | 7 | 36 | 29 | 8 | 28 | 28 | 28 | 28 | 21 | 29 | 33 | 33 |
| 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 |
| ö | 2 15 | 1 15 | 2 15 | 4 15 | 3 15 | 1 15 | 2 15 | 2 15 | 3 15 | 1 15 | 2 15 | 1 15 | 3 15 | 4 15 | 5 15 | 6 15 | 1 15 | 2 15 | 1 15 | 1 15 | 15 | 2 15 | 1 15 | 3 15 | 2 15 | 1 15 | 1 15 | 1 15 | 1 15 | 15 |
| <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>