KOLAR Document ID: 1484112

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

HE GUEST FOR CHANGE OF OPERATOR THASEFER OF INJECTION OR SURFACE PITH PERMIT Form KSONA-1, Certification of Compliance with the Knass Surface Owner Notification Act, One Cash Song Constraints of Compliance with the Knass Surface Owner Notification Act, One Cash Song Constraints of Compliance with the Knass Surface Owner Notification Act, One Lease: No. of Cash Wells One Lease: No. of Cash Wells One Lease: No. of Cash Wells Sond constraints Spot Location: County : County : Sond Cash Wells One County : Surface Pith Permit No.: County : Production Zone(s): Implement No.: County : Production Zone(s): Implement No.: (API No Must Be Completed. Surface Pith Permit No.: (API No Must Be Completed. County : Surface Pith Permit No: (API No Must Be Completed. Sur		ATION COMMISSION Form T July 2014 ERVATION DIVISION Form must be Typed
Form KSDNA-1. Certification of Compliance with the Knases Surface Owner Notification Act. Check Applicable Doese: ** OIL Lesse: No. of Gas Wells ** Gas Cathering System: ** County: ** Baitwater Disposal Well - Permit No: ** Enter Project: ** Number of Injection Wells ** ** ** Surface Pit Promet No: ** (API No: # Deri Pit, WO or risul) ** Type of Pit: Emergency Bun Setting Plant Operator's Name & Address: Phone: Past Operator's Name & Address: Phone: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Phone: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Name & Address: Phone: <th></th> <th></th>		
Check Applicable Boxes: IUUST be submitted with this form. Image: Check Applicable Boxes: Image: Check Applicable Boxes: Startace Disposal Well - Permit No:: Image: Check Applicable Boxes: Image: Check Applicable Boxes: Image: Check Applicable Box		
Gas Lesse: No of Gas Wells *** Gas Cathering System:	MUST be submi	
Gas Gathering System: No Salivater Disposal Weil - Permit No::	Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
Gas Gathering System: Lease Name: Gas Matter Disposal Well - Permit No: feet from N / S Line Enhanced Recovery Project Permit No:	Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:
Skutter Disposal Well - Permit No:	Gas Gathering System:	
Spot Location: feet from N /S Line feet from Recovery Project Permit No: Entire Project: Yes No Number of Injection Wells	Saltwater Disposal Well - Permit No.:	
Entire Project: Yes No Number of Injection Weils		
Number of Injection Wells ** Field Name: Production Zone(s): Injection Zone(s): Injection Zone(s): Surface Pit Permit No: (API No. If Drill PL. WO or Haw) feet from N / _ S Line of Section Type of Pit: Emergency Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone: Date: Date: Title: Signature: New Operator's License No. Contact Person: Past Operator's License No. Contact Person: Date: Date: Title: Signature: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Date: Title: Signature: Date: Date: Commission records only and does not convey any ownership Interest in the above injection well(s) or pit permit. Image: Authorized Signature Date:	Enhanced Recovery Project Permit No.:	
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No.:	Entire Project: Yes No	County:
Field Name: Injection Zone(s): Injection Zone(s): Injection Zone(s): Surface Pit Permit No.: (API No. if Drill Pit, WO or Haw) Imperiator's License No. feet from [E /] W Line of Section Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone: Imperator's Name & Address: Phone: Operator's License No. Contact Person: New Operator's License No. Contact Person: New Operator's License No. Contact Person: Oil / Gas Purchaser: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Title: Signature: Signature: Signature: Imperiator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Signature: Imperiator of Transfer: The above request for transfer of injection authorization, surface pit permit # has beer Imperiator and may continue to inject fluids as authorized by Permit. is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No: . Date:	Number of Injection Wells**	
** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No::		
Surface Pit Permit No::		Injection Zone(s):
(API No. if Drill Pit, WO or Haul) feet from		
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No.		
Past Operator's Name & Address: Phone:	Type of Pit: Emergency Burn Settling	
Date:	Past Operator's License No	Contact Person:
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Title: 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 # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Image:	Past Operator's Name & Address:	Phone:
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Title: Signature: Title: 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 # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Image:		Data
New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: 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 # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Image: Image: Image:		
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 # Image:	Title:	Signature:
Oil / Gas Purchaser:	New Operator's License No	Contact Person:
Date:	New Operator's Name & Address:	Phone:
Date:		Oil / Gas Purchaser:
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.		Date:
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.	 Title:	Signature:
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the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:		
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:		
Permit No.:		
Date: Date: Date: Authorized Signature Authorized Signature		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	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		
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		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: 1484112

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 the lease below:		
Contact Person:			
Phone: () Fax: ()			
Email Address:			
Surface Owner Information:			
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.		
Address 1:			
Address 2:			
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: ______

To Whom it May Concern:

R. C. STRATE

The reason for the change in operator is due to health related problems, not an assignment nor a bill of sale.

Change of Operator

To Whom it may Concern:

RBOC, LLC of 2804 Cedar Springs Lane, Wamego, KS 66547, due to health issues, hereby transfers to Rierson Energy, LLC operations of the following leases:

<u>Finkle</u> Lease, API No. 15-113-02315, 15-113-02316, 15-113-02317, 15-113-02318 and 15-113-02319, located in the NW/4, Sec 23, T19S, R2W, McPherson County, Kansas.

<u>Salthouse</u> Lease, API No.15-113-01164, 15-113-01165 and 15-113-01925, located in The SE/4, Sec 15, T19S, R2W, McPherson County, Kansas.

<u>B H Russell</u> Lease, API No.15-113-01555, 15-113-19266, 15-113-19267 and 15-113-19268, Located in the NE/4, Sec 23, T19S, R2W, McPherson County, Kansas

<u>Nelson B</u> Lease, API No. 15-113-21120 located in the SE/4, Sec 7, T19S, R2W McPherson County, Kansas.

<u>Nelson C</u> Lease, API No. 15-169-20287 located in the NE/4, Sec 18, T16S, R1W, Saline County, Kansas.

<u>Haury-Cohen</u> Lease, API No.15-079-00997, 15-079-19114, 15-079-20119 and 15-079-35395, Located in the SE/4, Sec 11, T23S, R2W, Harvey County, Kansas.

Neufeld Lease, API No. 15-079-19118, located in the SW/4, Sec 36, T22S. R2W, Harvey County, Kansas.

<u>Schmidt</u> Lease, API No. 15-079-19115, located in the NE/4, Sec 5, T22W, R3W. Harvey County, Kansas.

May Lease, API No. 15-079-19113, located in the NW/4, Sec 36, T22W, R2W, Harvey County, Kansas.

<u>Goering A #1</u> Lease, API No. 15-079-19111, located in the NE/4, Sec 2, T22S, R3W, Harvey County, Kansas.

Stucky Unit Lease, API No. 15-079-20177, located in the NE/4, Sec2, T22S, R3W, Harvey County, Kansas.

Kaufman D Lease, API No.15-079-20168, located in the NW/4, Sec 1, T22S, R3W, Harvey County, Kansas.

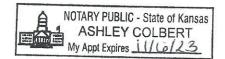
Effective date of transfer December 1, 2019

RBOC, LC

Randy G. Bacon, Owner

STATE OF KANSAS)) ss: COUNTY OF Pottawatanid

The foregoing instrument was acknowledged before me this <u></u> day of December, 2019 by Randy G. Bacon, owner of RBOC, LLC.



Ashley Collect Notary Public

My commission expires: 11/10/2023