KOLAR Document ID: 1484353

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: | ttea with this form. | | | |
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| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: KS Dept of Revenue Lease No.: | | | |
| Gas Lease: No. of Gas Wells** | | | | |
| Gas Gathering System: | Lease Name: | | | |
| Saltwater Disposal Well - Permit No.: | | | | |
| Spot Location: feet from N / S Line | SecTwp R EW Legal Description of Lease: | | | |
| feet from E / W Line | | | | |
| Enhanced Recovery Project Permit No.: | | | | |
| Entire Project: Yes No | County: Production Zone(s): | | | |
| Number of Injection Wells ** | | | | |
| Field Name: | | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| Surface Pit Permit No.: | feet from N / S Line of Section | | | |
| (API No. if Drill Pit, WO or Haul) | feet from E / W Line of Section | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| Past Operator's License No. | Contact Person: | | | |
| Past Operator's Name & Address: | Phone: | | | |
| Table operator o Hamo a Address. | | | | |
| | Date: | | | |
| Title: | Signature: | | | |
| New Operator's License No. | Contact Person: | | | |
| New Operator's Name & Address: | Phone: | | | |
| The special of the second seco | | | | |
| | Oil / Gas Purchaser: | | | |
| | Date: | | | |
| 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. | | | |
| 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: | | | | |
| . neconinencea action. | permitted by No.: | | | |
| Data | Data | | | |
| Date: Authorized Signature | Date: | | | |
| DISTRICT EPR | PRODUCTION UIC | | | |
| | | | | |

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Side Two

Must Be Filed For All Wells

| * Lease Name: | | | * Location: | | |
|---------------|------------------------------|-------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |
| | | Circle FSL/FNL | <i>Circle</i> FEL/FWL | | |
| | · - | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
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| | | I JL/FINL | LL/ VVL | | |

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

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 # | | | | | |
| Name: | · — — — | | | | |
| Address 1: | | | | | |
| Address 2: | | | | | |
| City: | 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: | the state of the s | | | | |
| City: State: Zip:+ | | | | | |
| | , tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | | |
| owner(s) of the land upon which the subject well is or will | ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form 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 ce 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: | | | | |

AGREEMENT/ASSIGNMENT OF OPERATING RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

This Agreement/Assignment of Operating Rights, entered into this 1st day of November, 2019, by and between Larson Engineering, Inc., KCC License #3842, 562 W State Road 4, Olmitz, KS 67564, Assignor, and Talon Group, LLC, KCC License #35625, P.O. Box 700, Hays, KS 67601-0700, Assignee.

WHEREAS Assignor is Operator of the wellbore described below, located in the West Half Southeast Quarter (W/2 SE/4) of Section One (1), Township Sixteen (16) South, Range Fourteen (14) West, Barton County, Kansas, more particularly identified as follows:

Well Name
Batt 1-1

<u>API Number</u> 15-009-26256

WHEREAS, Assignee is agreeable to acquiring said Operating Rights and further is agreeable to incur the obligations in connection with plugging and abandoning said wellbore at such time as it is required that said wellbore be plugged and abandoned and to do so consistent with the terms and the conditions of the rules and regulations of the Kansas Corporation Commission.

This Agreement/Assignment of Operating Rights is subject to the terms of the Master Operating Agreement entered into on the 14th day of November, 2018, by and between Talon Group, LLC and Non-Operators.

THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, and the promises and covenants hereinabove set forth, the Assignor hereby grants, sells, transfers and assigns unto the Assignee, its successors and assigns, Operating Rights in and to the above described wellbore.

IN WITNESS WHEREOF, the undersigned have executed this document the day and year above mentioned.

ASSIGNOR

ASSIGNEE

Larson Engineering, Inc., by:

TALON GROUP, LLC, by:

ABCLL

Thomas Larson
Title: President

Jason B Clark
Title: Member

| COUNTY OF BARTON | ACKNOWLEDGMENT FOR CORPORATION (KsOkCoNe) | | | | |
|-------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|--|--|
| The foregoing instrument was acknown 2019, by THOMAS LARSON, Pres | nowledged before me this_ sident of LARSON ENGINE | 20 FEERING, INC., or | day of November n behalf of the corporation. | | |
| My commission expires 5/3 Notary Public 5/3 | 15/2020 us | | PUBLIC - State of Kansas DEBRA J. JONES ppt. Exp. 5/5/202 | | |
| | | | | | |
| STATE OF KANSAS COUNTY OF Barton | ACKNOWLEDGMENT | FOR CORPORA | TION (KsOkCoNe) | | |
| The foregoing instrument was acking 2019, by JASON B CLARK, Memb | | 20 ¹ C, on behalf of the | day of November corporation. | | |

NOTARY PUBLIC - State of Kansas

DEBRA J. JONES
My Appt. Exp. 5/5/2020

My commission expires 5/5/2020

Notary Public