KOLAR Document ID: 1482716

## 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: MUST be subm                                       | itted 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:                                                      |                                                                              |  |  |  |
| Saltwater Disposal Well - Permit No.:                                      | Lease Name:                                                                  |  |  |  |
| Spot Location: feet from N / S Line feet from E / W Line                   | Legal Description of Lease:                                                  |  |  |  |
| Enhanced Recovery Project Permit No.:                                      |                                                                              |  |  |  |
| Entire Project: Yes No                                                     | County:  Production Zone(s):  Injection Zone(s):                             |  |  |  |
| Number of Injection Wells **                                               |                                                                              |  |  |  |
| Field Name:                                                                |                                                                              |  |  |  |
| ** Side Two Must Be Completed.                                             |                                                                              |  |  |  |
| 2000 000 0000                                                              |                                                                              |  |  |  |
| 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                                                   |  |  |  |
| Pact Operator's License No.                                                | Contact Person:                                                              |  |  |  |
| 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:                                                                   |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | n authorization, surface pit permit # has been                               |  |  |  |
| noted, approved and duly recorded in the records of the Kansas Corporation | n 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:                                            | permitted by No.:                                                            |  |  |  |
|                                                                            |                                                                              |  |  |  |
| Date: Authorized Signature                                                 | Date:                                                                        |  |  |  |
| DISTRICT EPR                                                               | PRODUCTION UIC                                                               |  |  |  |
| DISTRICT EFF                                                               | THOUSE HON                                                                   |  |  |  |

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#### Side Two

### Must Be Filed For All Wells

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

<sup>\*</sup> 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) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) |                                                                                                                                                                                                                                                  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| OPERATOR: License #                                                                                                                           | Well Location:                                                                                                                                                                                                                                   |  |  |  |
| Name:                                                                                                                                         | SecTwpS. R East                                                                                                                                                                                                                                  |  |  |  |
| 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: 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:                                                                                                                                         |                                                                                                                                                                                                                                                  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank                                                                      | lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat 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 be lo                                                                             | ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this ad email address.                          |  |  |  |
| KCC will be required to send this information to the surface own                                                                              | eknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form. |  |  |  |
| If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  | fee with this form. If the fee is not received with this form, the KSONA-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:                                                                                                         | Title:                                                                                                                                                                                                                                           |  |  |  |

## TRANSFER OF OPERATOR RESPONSIBILITY

Pursuant to KAR 82-3-136, this Transfer of Operator Responsibility ("Transfer") is made effective as of September I, 2019, (the "Effective Date") by and between MURFIN DRILLING COMPANY, INC., License No. 30606 ("Transferor") and PATTERSON ENERGY, LLC, License No. 34888 ("Transferee").

Transferor hereby transfers and assigns to Transferee all rights and responsibilities as Operator, and Transferee accepts and assumes such operational rights and responsibilities, insofar as such rights pertain to the following oil and gas leases, located in Rooks County, Kansas, to-wit:

PROPERTY: BRUEGGEMAN LEASE

OIL AND GAS LEASE(S):

Lessor:

Ella T. Farmer

Lessee:

B. B. Bomgardner

Lease Date:

January 13, 1936

Legal Desc:

N/2 Section 15-T10S-R20W, Rooks County, Kansas

Recorded:

Book 7, Page 462

WELL(S):

Brueggeman 12 (API No. 15-163-21895)

located in E2 SE SW NW Sec 7-T95-R27W, Rooks County, Kansas

The parties execute this Transfer effective as of the Effective Date.

TRANSFEROR

Murfin Drilling Company, Inc.

TRANSFEREE

Patterson Energy, LLC

By: Leon Rodak, VP-Production

Operator License: #30606

Operator License:

Zach-Patterson, Managing Member r License: #34888