## KOLAR Document ID: 1508502

| KANSAS CORPORATION COMMISSION              |
|--|
| <b>OIL &amp; GAS CONSERVATION DIVISION</b> |

| REQUEST FOR CHAI   |  |  |  |
|--|--|--|--|
| TRANSFER OF INJECTION<br>Form KSONA-1, Certification of Compliance with  |  |  |  |
| Check Applicable Boxes: MUST be submitte   |  |  |  |
| 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<br>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<br>feet from E / W Line of Section<br>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:   |  |  |  |
|  |  |  |  |
| <b>Acknowledgment of Transfer:</b> The above request for transfer of injection at noted, approved and duly recorded in the records of the Kansas Corporation C |  |  |  |
| Commission records only and does not convey any ownership interest in the at   |  |  |  |
| 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 PI  |  |  |  |

Side Two

#### Must Be Filed For All Wells

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

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#### 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 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: \_\_\_\_\_\_

# Bill of Sale

THIS BILL OF SALE is executed this day of <u>February 29, 2020</u>, by HKW Oil Company, Inc., (hereinafter "Seller") residing at PO Box 1851, Salina, Kansas 67402 for the benefit of M&G OIL (hereinafter "Buyer"), residing at PO Box 162, Russell, Kansas 67665.

Seller hereby transfers to Buyer, all rights of Seller in the following property:

Working interest in Karleen lease SE4 NE4 SE4 28-16S-12W

Working interest in Herbel lease N2 NW4 19-185S-12W, located in RUSSELL County, Kansas.

For and in valuable consideration, which has been acknowledged to have been received by Seller.

The sale and transfer of property is made on an "as is" basis, without any express or implied warranties, with no recourse to the Seller, provided that Seller can issue proof that it has title to the property without any liens or encumbrances.

The Buyer has been given the opportunity to inspect, or have inspected, any and all property as defined above. The Buyer agrees to accept all property in its existing state.

In witness, the parties execute on this Bill of Sale on February 29, 2020.

Signature of Buyer

Date February 29, 2020

Signature of Seller

M. Waymaster Date

February 29, 2020