KOLAR Document ID: 1519005

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

		ATION COMMISSION Form T-1 July 2014 ERVATION DIVISION Form must be Typed Form must be Signed
Check Applicable Boxes: MUST be submitted with this form. OIL Lease: No. of Oil Wells ** Gas Casthering System: Effective Date of Transfer: Gas Gathering System: feet from N / S Line Spot Location: feet from N / S Line Enthanced Recores: Project Permit No: Sec. County: Res (Sec) Production Zone(s): Res Field Name: ////////////////////////////////////		ANGE OF OPERATOR All blanks must be Filled
Clinck Applicable Dools:	MUST be submit	
Gas Lesse: No. of Gas Wells		
Gas Gathering System:		
Sativater Disposal Well - Permit No:		KS Dept of Revenue Lease No.:
Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No:		Lease Name:
Enhanced Recovery Project Permit No; Entire Project: Yes Number of Injection Wells ** Field Name: ** Surface Pit Permit No:	Spot Location: feet from N / S Line	
Entire Project: \end{alignedity} Number of Injection Wells	feet from E / W Line	
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::	Enhanced Recovery Project Permit No.:	
Field Name: Injaction Zone(s): Injaction Zone(s): Injaction Zone(s): Surface Pit Permit No.:	Entire Project: Yes No	County:
** Side Two Must Be Completed. Surface Pit Permit No:: (APT No. if Drill Pit, WO or Haul) feet from N / S Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone: Date: Signature: New Operator's License No. Contact Person: New Operator's License No. Contact Person: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Signature: Title: Signature: Oil / Gas Purchaser: Date: Title: Signature: Date: Signature Sis acknowledged as Ithe new operator of	Number of Injection Wells**	Production Zone(s):
** Side Two Must Be Completed. Surface Pit Permit No::	Field Name:	Injection Zone(s):
(API No. It Drill Pit, WO or Haul)	** Side Two Must Be Completed.	
Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone:		
Past Operator's Name & Address: Phone: Date: Signature: Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Date: Title: Signature: Date: Date: Oil / Gas Purchaser: Date: Date: Signature: 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.	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
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 # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. Is acknowledged as the new operator and may continue to inject fluids as authorized by Is acknowledged as the new operator of the above named lease containing the surface pit permit the by No: Date:	Past 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 # Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. Is acknowledged as the new operator and may continue to inject fluids as authorized by It he new operator of the above named lease containing the surface pit Permit No:	New Operator's License No.	Contact Person:
Date:	New Operator's Name & Address:	Phone:
Date:		Oil / Gas Purchaser:
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.		
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.		
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:
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:	noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Permit No.:	is acknowledged as	is acknowledged as
Date: Date: Date: Authorized Signature	the new operator and may continue to inject fluids as authorized by	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	Authorized Signature	
	DISTRICT EPR	PRODUCTION UIC

Side Two

Must Be Filed For All Wells

* Lease Name: _			* Location:		
Well No.	API No. Footage from Section (YR DRLD/PRE '67) (i.e. FSL = Feet from Section				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		
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		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.

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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		
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 county, and in the real estate property tax records of the county treasurer.		
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: ______

ASSIGNMENT OF OIL AND GAS LEASE

WHEREAS, StrataKan Exploration, LLC ("Assignor") is the owner of the following described Oil and Gas Lease ("Lease"):

Lessor:	Raymond H. Lippelmann and Evelyn J. Lippelmann, his wife
Lessee:	W. R. Murfin d/b/a Murfin Drilling Company
Dated:	August 30, 1979
Recordation:	Book A-41, Page 648
Legal:	N/2 of 16-3S-26W, Decatur County, Kansas,

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 Green Oilfield Production, LLC, whose address is 2381 Highway K9, Jennings, KS 67643-9433 and their successors and assigns ("Assignees"), all of Assignor's interest in the Lease, together with the rights incident thereto and the personal property thereon, appurtenant thereto, or used or obtained in connection therewith, and subject to all royalty and overriding royalty interests as the same appear of record.

This assignment is made and executed and delivered without warranty of any kind and no warranty shall be implied.

Executed this $\underline{\neg}$ day of $\underline{\neg}$, 2020, but effective as of February 1, 2020.

StrataKan Exploration, LLC

Justin Prater, Managing Member looks ITY OF 🗡 STATE OF / Acknowledged before me this 7 day of MARCK, 2020, by Justin Prater, Managing Member of StrataKan Exploration, LLC. KAREN VANHOOSE Appointment Expires Notary Public July 15, 2022 Appointment Expin STATE OF KANSAS, DECATUR COUNTY, SS: THIS INSTRUMENT WAS FILED FOR RECORD ON 20_20_, THE 20 DAY OF APRIL

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21.00

AT 10:00 O'CLOCK A M AND RECORDED IN

9 REGISTER OF DEEDS-DECATUR COUNTY KARI L KETTERL

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