KOLAR Document ID: 1481189

# 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:                                                                                                                                                                                                      | uea wur uns iorin.                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 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: feet from N / S Line                                                                                                                                                                                          | SecTwp R E W Legal Description of Lease:                                                    |
| feet from E / W Line                                                                                                                                                                                                         |                                                                                             |
| 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 feet from E / W Line of Section  Haul-Off Workover Drilling |
| Past Operator's License No.                                                                                                                                                                                                  | Contact Person:                                                                             |
| Past Operator's Name & Address:                                                                                                                                                                                              | Phone:                                                                                      |
| rasi Operator s Name & Address.                                                                                                                                                                                              |                                                                                             |
|                                                                                                                                                                                                                              | 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 noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the | Commission. This acknowledgment of transfer pertains to Kansas Corporation                  |
| 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                                                                                                                                                                                                                 | PRODUCTION UIC                                                                              |

KOLAR Document ID: 1481189

#### Side Two

### Must Be Filed For All Wells

| * Lease Name: * Location: |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                   |                                      |  |  |
|---------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|--|--|
| Well No.                  | API No.<br>(YR DRLD/PRE '67) | Footage from Section (i.e. FSL = Feet from Section Sec |                          | 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                  |                                   |                                      |  |  |
|                           |                              | FSL/FNL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FEL/FWL                  |                                   |                                      |  |  |
|                           |                              | FSL/FNL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FEL/FWL                  |                                   |                                      |  |  |
|                           |                              | FSL/FNL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FEL/FWL                  |                                   |                                      |  |  |
|                           |                              | FSL/FNL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FEL/FWL                  |                                   |                                      |  |  |
|                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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.

KOLAR Document ID: 1481189

# 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                                                                          | <b>3-1</b> (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:+                                                                                                                  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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:                                                                                                                               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                     | tank batteries, pipelines, and electrical lines. The locations shown on the plated 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 be                                                                      | ce 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 rem being filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, 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 e owner(s). To mitigate the additional cost of the KCC performing this ress of the surface owner by filling out the top section of this form and he KCC, which is enclosed with this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If choosing the second option, submit payment of the \$30.00 handl form and the associated Form C-1, Form CB-1, Form T-1, or Form C | lling 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 correct                                                               | ct to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date: Signature of Operator or Agent:                                                                                               | Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

# **Additional Surface Owner Information**

Kearny 33 26S 38W

> NEFF, DONALD E LIFE EST 1544 HWY 50 LAKIN, KS 67860

The entire lease assignment for this well can be found as an attachment to the T-1 for the TROWBRIDGE 1 (API 15-093-00111), Section 1, Township 23S, Range 36W, Kearny County, Kansas.

## ASSIGNMENT AND BILL OF SALE

STATE OF KANSAS §
COUNTY OF KEARNY §

This Assignment and Bill of Sale (this "<u>Assignment</u>") is effective as of July 1, 2019, at 12:01 a.m. local time at the location of the Assets (the "<u>Effective Time</u>"), from **Riviera Upstream**, **LLC**, a Delaware limited liability company ("<u>RUL</u>") and **Riviera Operating**, **LLC**, a Delaware limited liability company ("<u>ROL</u>" and, together with RUL, the "<u>Assignors</u>", and each an "<u>Assignor</u>"), to **Scout Energy Group V**, **LP**, a Texas limited partnership ("<u>Assignee</u>"). Assignors and Assignee are sometimes referred to herein individually as a "<u>Party</u>" and collectively as the "Parties".

Assignors, for a good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and subject to the terms set forth herein, do by these presents grant, bargain, sell, convey, assign, transfer, set over, and deliver unto Assignee all of Assignors' right, title, and interest in, to, and under the following (collectively, the "Assets"), except to the extent constituting Excluded Assets, as hereinafter defined:

- 1. all of the oil and gas leases and subleases described in Exhibit A or located within the following counties in the state of (a) Kansas: Finney, Grant, Hamilton, Haskill, Kearney, Mead, Morton, Seward, Stanton, and Stevens, and (b) Oklahoma: Beaver and Texas (the "Designated Area"), together with any and all other right, title and interest of Assignors in and to the leasehold estates created thereby subject to the terms, conditions, covenants and obligations set forth in such leases or Exhibit A (such interest in such leases, the "Leases"), all related rights and interests in the lands covered by the Leases and any lands pooled or unitized therewith (such lands, the "Lands"), and all royalties, overriding royalties, production payments, carried interests, net profits interests, reversionary interests, back-in interests and other burdens upon, measured by or payable out of production applicable to the Leases and the Lands;
- 2. any and all oil, gas, water, observation, injection, CO2 and disposal wells located on any of the Lands or located within the Designated Area, whether producing, shut-in, or temporarily abandoned, (such interest in such wells, including the wells set forth in <a href="Exhibit B">Exhibit B</a>, the "Wells"), and all Hydrocarbons produced therefrom or allocated thereto from and after the Effective Time;
- 3. all rights and interests in, under or derived from all unitization and pooling agreements, declarations and orders in effect with respect to any of the Leases or Wells and the units created thereby, (the "<u>Units</u>" and together with the Leases, the Lands, and the Fee Minerals (as defined in the Deed) and the Wells, the "<u>Properties</u>" or individually, a "<u>Property</u>");
- 4. all rights and interest in the Jayhawk plant, as described on <u>Exhibit C</u> (the "<u>Jayhawk Plant</u>") and the Satanta gas plant, as described on <u>Exhibit C</u> (the "<u>Satanta Plant</u>" and, together with the Jayhawk Plant, the "<u>Processing Plants</u>");

## Exhibit A

To that certain Assignment and Bill of Sale, dated effective July 1, 2019, by and between Riviera Upstream, LLC and Riviera Operating, LLC, collectively as Assignor, and Scout Energy Group V, LP, as Assignee

### Leases

| LEASE NO   | LESSOR                    | LESSEE                       | DATE       | TWP   | RNG  | SEC | воок | PAGE | REGISTRY | STATE  | COUNTY |
|------------|---------------------------|------------------------------|------------|-------|------|-----|------|------|----------|--------|--------|
| L031179000 | WARNER, CLIFFORD ET UX    | GULF OIL CORPORATION         | 10/4/1946  | 026S  | 038W | 016 | 14   | 399  |          | KANSAS | KEARNY |
| L029211000 | JOHNSTON, H E ET UX       | JOE E DENHAM                 | 7/12/1943  | 026S  | 038W | 017 | 10   | 242  |          | KANSAS | KEARNY |
| L029201000 | BARBEN, E G               | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 018 | 10   | 201  |          | KANSAS | KEARNY |
| L029374000 | ROGERS, FRED L ET UX      | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 018 | 10   | 291  |          | KANSAS | KEARNY |
| L029733001 | EQUAL ROYALTY CO ETAL     | JOE E DENHAM                 | 5/10/1944  | 0265  | 038W | 018 | 11   | 149  |          | KANSAS | KEARNY |
| L029733002 | FREASE, ELMER M ET AL     | JOE E DENHAM                 | 10/22/1947 | 026S  | 038W | 018 | 16   | 340  |          | KANSAS | KEARNY |
| L029209000 | DOERR, A A ET UX          | JOE DENHAM                   | 7/12/1943  | 026S  | 038W | 019 | 10   | 240  |          | KANSAS | KEARNY |
| L029435000 | PRICE, GEORGE E           | JOE E DENHAM                 | 7/12/1943  | 026S  | 038W | 019 | 10   | 323  |          | KANSAS | KEARNY |
| L029457000 | YOUNG, RETTA D ET VIR     | JOE E DENHAM                 | 7/12/1943  | 026S  | 038W | 019 | 10   | 355  |          | KANSAS | KEARNY |
| L029305000 | SEITZ, LLOYD ET AL        | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 020 | 10   | 228  |          | KANSAS | KEARNY |
| L029666000 | TENNEY, FREDERICK W ET UX | JOE E DENHAM                 | 3/24/1944  | 026S  | 038W | 020 | 11   | 49   |          | KANSAS | KEARNY |
| L030335000 | BARBEN, EMIL G            | FRED C KOCH                  | 3/11/1944  | 026S  | 038W | 020 | 11   | 10   |          | KANSAS | KEARNY |
| L031082000 | ROBINSON, ORPHA           | E A PRICE                    | 8/6/1941   | 026S  | 038W | 021 | 8    | 456  |          | KANSAS | KEARNY |
| L030232000 | HUTTON, J R ET AL         | STANOLIND OIL AND GAS CO     | 2/12/1945  | 026S  | 038W | 022 | 12   | 352  |          | KANSAS | KEARNY |
| L030238000 | REXROAD, CHARLES ET UX    | STANOLIND OIL AND GAS CO     | 3/5/1945   | 0265  | 038W | 022 | 12   | 345  |          | KANSAS | KEARNY |
| L030254000 | RAMSEY, MILDRED ET AL     | STANOLIND OIL AND GAS CO     | 3/6/1945   | 0265  | 038W | 022 | 12   | 450  |          | KANSAS | KEARNY |
| L030977000 | TATE, S A                 | FIN-KER OIL & GAS PROD       | 11/29/1945 | 026S  | 038W | 022 | 13   | 272  |          | KANSAS | KEARNY |
| L030283000 | REXROAD, CHARLES ETUX     | STANOLIND OIL & GAS CO       | 3/31/1945  | 026S  | 038W | 023 | 12   | 482  |          | KANSAS | KEARNY |
| L030301000 | REXROAD, M P ETUX         | STANOLIND OIL & GAS CO       | 5/1/1945   | 026S  | 038W | 023 | 12   | 598  |          | KANSAS | KEARNY |
| L030247000 | EVELEIGH, JOHN L ET UX    | STANOLIND OIL AND GAS CO     | 2/23/1945  | 026S  | 038W | 024 | 12   | 391  |          | KANSAS | KEARNY |
| L030264000 | WAECHTER, OTTO ET AL      | STANOLIND OIL AND GAS CO     | 3/1/1945   | 026S  | 038W | 024 | 12   | 453  |          | KANSAS | KEARNY |
| L030278000 | REXROAD, MARY E           | STANOLIND OIL AND GAS CO     | 4/5/1945   | 026S  | 038W | 024 | 12   | 479  |          | KANSAS | KEARNY |
| L031178000 | EVELEIGH, ALBERT          | GULF OIL CORPORATION         | 10/4/1946  | 026S  | 038W | 024 | 14   | 395  |          | KANSAS | KEARNY |
| L034476000 | OTTO WAECHTER ET AL       | NORTHERN NATURAL GAS COMPANY | 4/5/1940   | 026S  | 038W | 025 | 7    | 467  |          | KANSAS | KEARNY |
| L029630000 | MCCOY, ELLA W ET AL       | JOE E DENHAM                 | 11/26/1943 | 0265  | 038W | 026 | 10   | 478  |          | KANSAS | KEARNY |
| L030575000 | MCMICHAEL, FRANK E        | FRED C KOCH                  | 2/19/1944  | 026S  | 038W | 026 | 10   | 543  |          | KANSAS | KEARNY |
| L031177000 | MCMICHAEL, FRANK E ET UX  | GULF OIL CORPORATION         | 10/2/1946  | 026S  | 038W | 026 | 13   | 548  |          | KANSAS | KEARNY |
| L029194000 | WOHLFROM, JOSEPH FRANK    | JOE E DENHAM                 | 6/8/1943   | 026S  | 038W | 027 | 10   | 130  |          | KANSAS | KEARNY |
| L030966000 | MCMICHAEL, W S            | WALLINGFORD GRAIN CORP       | 8/30/1947  | 026\$ | 038W | 027 | 16   | 97   |          | KANSAS | KEARNY |
| L029210000 | DOERR, A A ET UX          | JOE E DENHAM                 | 7/12/1943  | 026S  | 038W | 028 | 10   | 241  |          | KANSAS | KEARNY |
| L029456000 | KIISTNER, P C ETUX        | JOE E DENHAM                 | 7/12/1943  | 026S  | 038W | 028 | 10   | 356  |          | KANSAS | KEARNY |
| L029208000 | DOERR, A A ET UX          | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 029 | 10   | 239  |          | KANSAS | KEARNY |
| L029279000 | NEFF, E G ET UX           | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 029 | 10   | 270  |          | KANSAS | KEARNY |
| L029266000 | GROVES, W C ET UX         | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 030 | 10   | 262  |          | KANSAS | KEARNY |
| L029450000 | WELTNER, LAURA B          | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 030 | 10   | 353  |          | KANSAS | KEARNY |
| L029588001 | SHAFFER, MARY E ET AL     | JOE E DENHAM                 | 7/29/1943  | 026S  | 038W | 030 | 10   | 428  |          | KANSAS | KEARNY |
| L029588002 | SHAFFER, ROBERT H         | DENHAM, JOE E                | 8/10/1943  | 0265  | 038W | 030 | 10   | 425  |          | KANSAS | KEARNY |
| L029733001 | EQUAL ROYALTY CO ETAL     | JOE E DENHAM                 | 5/10/1944  | 0265  | 038W | 030 | 11   | 149  |          | KANSAS | KEARNY |
| L029733003 | LOGAN, RUTH L ET AL       | JOE E DENHAM                 | 10/22/1947 | 0265  | 038W | 030 | 16   | 344  |          | KANSAS | KEARNY |
| L029589001 | SHAFFER, MARY E ET AL     | JOE E DENHAM                 | 7/29/1943  | 0265  | 038W | 031 | 10   | 434  |          | KANSAS | KEARNY |
| L029589002 | SHAFFER, ROBERT           | JOE E DENHAM                 | 8/10/1943  | 0265  | 038W | 031 | 10   | 431  |          | KANSAS | KEARNY |
| L029278000 | NEFF, E G ET UX           | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 032 | 10   | 269  |          | KANSAS | KEARNY |
| L029280000 | NEFF, E G ET UX           | JOE E DENHAM                 | 7/12/1943  | 0265  | 038W | 032 | 10   | 271  | ļ        | KANSAS | KEARNY |
| L029588001 | SHAFFER, MARY E ET AL     | JOE E DENHAM                 | 7/29/1943  | 026S  | 038W | 032 | 10   | 428  |          | KANSAS | KEARNY |

### Exhibit A

To that certain Assignment and Bill of Sale, dated effective July 1, 2019, by and between Riviera Upstream, LLC and Riviera Operating, LLC, collectively as Assignor, and Scout Energy Group V, LP, as Assignee

### Leases

| LEASE NO   | LESSOR                      | LESSEE                         | DATE       | TWP  | RNG  | SEC | воок | PAGE | REGISTRY | STATE  | COUNTY |
|------------|-----------------------------|--------------------------------|------------|------|------|-----|------|------|----------|--------|--------|
| L029588002 | SHAFFER, ROBERT H           | DENHAM, JOE E                  | 8/10/1943  | 026S | 038W | 032 | 10   | 425  |          | KANSAS | KEARNY |
| L029204000 | HARVEY, FLORENCE I ET AL    | JOE E DENHAM                   | 7/12/1943  | 026S | 038W | 033 | 10   | 206  |          | KANSAS | KEARNY |
| L029267000 | SHAFFER, CLARENCE P ET UX   | JOE E DENHAM                   | 7/20/1943  | 026S | 038W | 033 | 10   | 263  |          | KANSAS | KEARNY |
| L029569000 | GESSNER, FRED A             | JOE E DENHAM                   | 7/12/1943  | 026S | 038W | 033 | 10   | 421  |          | KANSAS | KEARNY |
| L029588001 | SHAFFER, MARY E ET AL       | JOE E DENHAM                   | 7/29/1943  | 0268 | 038W | 033 | 10   | 428  |          | KANSAS | KEARNY |
| L029588002 | SHAFFER, ROBERT H           | DENHAM, JOE E                  | 8/10/1943  | 026S | 038W | 033 | 10   | 425  |          | KANSAS | KEARNY |
| L030577000 | BURDEN, J L ET UX           | FRED C KOCH                    | 2/18/1944  | 0265 | 038W | 034 | 10   | 541  |          | KANSAS | KEARNY |
| L030607001 | HARVEY, FLORENCE I ET AL    | JOE E DENHAM                   | 7/17/1943  | 0265 | 038W | 034 | 10   | 257  |          | KANSAS | KEARNY |
| L030607002 | EQUAL ROYALTY COMPANY ET AL | JOE E DENHAM                   | 5/10/1944  | 026S | 038W | 034 | 12   | 118  |          | KANSAS | KEARNY |
| L030923000 | BURDEN, J L ET UX           | EARL M HENDERSON               | 11/12/1941 | 026S | 038W | 035 | 9    | 133  |          | KANSAS | KEARNY |
| L030924000 | BURDEN, J L ET UX           | EARL M HENDERSON               | 11/12/1941 | 026S | 038W | 035 | 9    | 131  |          | KANSAS | KEARNY |
| L030925000 | BURDEN, J L ET UX           | EARL M HENDERSON               | 11/12/1941 | 026S | 038W | 035 | 9    | 130  |          | KANSAS | KEARNY |
| L030926000 | BURDEN, J L ET UX           | EARL M HENDERSON               | 11/12/1941 | 0265 | 038W | 035 | 9    | 132  |          | KANSAS | KEARNY |
| L033107001 | MARGARET A HUMPHREYS ET VIR | MAGNOLIA PETROLEUM COMPANY     | 3/7/1947   | 026S | 038W | 036 | 15   | 246  |          | KANSAS | KEARNY |
| L035420001 | H F KREY ET UX              | MAGNOLIA PETROLEUM COMPANY     | 10/17/1945 | 0265 | 038W | 036 | 13   | 234  |          | KANSAS | KEARNY |
| L056108000 | EXXONMOBIL OIL CORPORATION  | LINN ENERGY HOLDINGS LLC ET AL | 8/24/2016  | 026S | 038W | 036 | 274  | 402  |          | KANSAS | KEARNY |
| L035573000 | E.R. THORPE ESTATE,         | JOE E. DENHAM                  | 4/13/1943  |      |      | Ī   | 9    | 453  |          | KANSAS | KEARNY |
| L035682000 | MERL ROSEL ET AL            | W L JONES                      | 9/26/1946  |      |      |     | 14   | 587  |          | KANSAS | KEARNY |