KOLAR Document ID: 1526662

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Side Two

Must Be Filed For All Wells

* Lease Name: _			* Location:		
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
		<i>Circle</i> FSL/FNL	<i>Circle</i> FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License #	Well Location:		
Name:			
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person:			
Phone: () Fax: ()			
Email Address:			
Surface Owner Information:			
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
Address 1:			
Address 2:			
City: State: Zip:+			

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: ______ Signature of Operator or Agent: ______

August 1, 2020

ASSIGNMENT AND BILL OF SALE

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of payment of ten dollars (\$10.00), the receipt and sufficiency of which is hereby acknowledged, MAREXCO, Inc., (hereinafter referred to as "Assignor"), whose address is P.O. Box 21598, Oklahoma City, OK 73156, DOES HEREBY GRANT, ASSIGN, AND CONVEY TO BRIGCO, LLC, (hereinafter referred to as "Assignee"), whose address is 607 Tampa, Lakin, KS 67860:

- 1) 0.92578 working interest (0.875 NRI) of Assignor's rights, titles, and interest in and to the oil and gas leases described on Exhibit "A" attached and made a part hereof for all purposes, including ALL of Assignor's rights, titles and interests in, and including all production payments attributable to said leases: and,
- 0.92578 working interest (0.875 NRI) of Assignor's rights, interest in and to the well designated on Exhibit "B" 2) attached hereto and made a part hereof for all purposes, including associated lease's equipment, pipelines, easements and surface leases relating to the Exhibit "B" well: and,
- 0.92578 working interest (0.875 NRI) of Assignor's rights, title, and interest in and to the communitization 3) agreements, gas contracts, easements, surface leases, and other contracts insofar as said agreements are applicable to the interests being assigned by Assignor.
- Assignor will warrant and defend all and each of the interests and rights conveyed hereunder, as to all interest which 4) Assignor has heretofore owned in said properties, against anyone who claims by, through or under Assignor, but no others: and.
- Assignor agrees to indemnify and hold harmless Assignee of all costs, damages, obligations and liabilities, known or 5) unknown, relating in any manner to the interests conveyed or its operations there under, which accrued or occurred, prior to the Date of this conveyance.
- Assignee will execute the T-1 Form (Change of Operator) and file with Kansas State Corporation Commission. 6)

Executed this 3th day of <u>Adguss</u>, 2020, effective August 1, 2020.

MAREXCO, Inc.

n.W. Mardan

STATE OF Colorado COUNTY OF Larimen

Before me, the undersigned Notary Public, in and for said County and State on this 3rd day of August 2020, personally appeared Stephen Marden to me known to be the identical person who

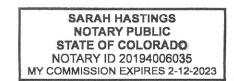
executed the within and foregoing instrument and acknowledged to that _____ executed the same as a free and voluntary act and deed for the uses and purposes set forth.

Given under my hand and seal the day and year last above written.

Basal Unitings My Commission Expires: 02-12-2020

Jarah Hastings

Notary Public



02-12-2023

EXHIBIT "A" Page 1 of 1 Branine #1-31

Schedule of Leases

COUNTY: KEARNY STATE: KANSAS

Attached to that certain Assignment dated August 1, 2020, between MAREXCO, Inc., Assignor, and BRIGCO, LLC, Assignee.

(THE RECORDING REFERENCES HEREIN ARE TO THE RECORDS IN SAID COUNTY IN WHICH OIL, GAS AND MINERAL LEASES ARE RECORDED)

DATE OF L LEASE	ESSOR	LESSEE	BOOK	PAGE	DESCRIPTION
4/3/95	The First National Bank of Hutchinson, Trustee of the Branine Lands Mineral Trust	MAREXCO, Inc.	136	377	The South Half (S/2), also described as Lots 3 & 4, and East Half of Southwest Quarter (E/2 SW/4) of Section 31, 22S-36W and the Southeast Quarter (SE/4) of Section 31, 22S-36W. 316.22 acres Kearny County, Kansas

EXHIBIT "B"

This Exhibit "B" is attached and made a part of that certain Assignment dated August 1, 2020 by and between MAREXCO, Inc., as Assignor, and BRIGCO, LLC, as Assognee.

Well #1:

Branine #1-31 Gas Unit located in the South Half (S/2) of Section 31, T22S-R36W, Kearny County, Kansas.

All associated rods, tubing, pump, casing, wellheads, valves, connections, fittings, flowlines, saltwater tank and pumping unit.

Melisna Ger	A.D. 20 <u>_20</u> _at d duly recorded in d, at Page <u>_481_</u>
By	Deputy
Rec. Fee \$ 55.99	
INDEXED RECEPTION DIRECT INDIRECT NUMERICAL ORIG. COMP	SEAL SEAL