KOLAR Document ID: 1526013

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

| Check Applicable Boxes: | MUST be submitted with this form. |
|---|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: |
| Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No.: |
| Gas Gathering System: | · |
| Saltwater Disposal Well - Permit No.: | |
| Spot Location: feet from N / feet from E / | Legal Description of Lease. |
| Enhanced Recovery Project Permit No.: | |
| Entire Project: Yes No | County: |
| Number of Injection Wells ** | Production Zone(s): |
| Field Name: | \frac{\frac}\fint}}}}{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f |
| ** 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 ettling Haul-Off Workover Drilling |
| Past Operator's License No. | Contact Person: |
| Past Operator's Name & Address: | Phone: |
| | Date: |
| Title: | Signature: |
| New Operator's License No. | Contact Person: |
| New Operator's Name & Address: | Phone: |
| | Oil / Gas Purchaser: |
| | Date: |
| Title: | Signature: |
| | sfer of injection authorization, surface pit permit # has been sas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation p interest in the above injection well(s) or pit permit. |
| is ack | nowledged as is acknowledged as |
| the new operator and may continue to inject fluids as a | 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 |

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Side Two

Must Be Filed For All Wells

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

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

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) CI | B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) | | | |
|--|--|--|--|--|
| OPERATOR: License # | | | | |
| Name: | · | | | |
| Address 1: | | | | |
| Address 2: | | | | |
| City: | 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 | | | |
| Address 1: | | | | |
| Address 2: | the state of the s | | | |
| City: State: Zip:+ | | | | |
| | , tank batteries, pipelines, and electrical lines. The locations shown on the plat red 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 | ice 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 orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, 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 ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. | | | |
| If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form | dling 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 corre | ect to the best of my knowledge and belief. | | | |
| Date: Signature of Operator or Agent: | Title: | | | |

ASSIGNMENT OF OIL AND GAS LEASE

KNOW ALL MEN BY THESE PRESENTS:

That Toil, Inc., hereinafter called Assignor, for and in consideration of the sum of Ten Dollars (\$10.00) the receipt of which is hereby acknowledged, do hereby sell, assign, transfer and set over unto CherokeeNRG LLC, hereinafter called Assignee, all Assignor's right, title, and interest in and to the oil and gas lease, insofar as said lease covers the following described land in Wilson County, State of Kansas:

The East Half (E/2) of the Northeast Quarter (NE/4) of Section 23, Township 30 South, Range 16E and containing 80 acres, more or less, all in Wilson County, Kansas.

Together with rights incident thereto, the personal property thereon, appurtenant thereto, or used or obtained in connection therewith.

For the same consideration, the Assignor covenants with the Assignee, its heirs, successors, legal representatives or assigns that the Assignor is the lawful owner of and have good title to the interest herein assigned in and to said lease, estate, rights and property, free and clear from all liens, encumbrances or adverse claims that said Lease is a valid and subsisting Lease on the lands above described and that all rentals and royalties due thereunder have been paid, and all conditions necessary to keep said Lease in full force and effect have been duly performed, and that the Assignor will warrant and forever defend same against all persons whomsoever, lawfully claiming or to claim said interest.

This Assignment shall be effective for all purposes as of the 1st day of August 2019.

| By: | |
|--|--|
| Tab Schweitzer | |
| President, Toil, Inc. | |
| STATE OF) | |
| STATE OF) SS: COUNTY) | |
| BE IT REMEMBERED that on thisPublic in and for the County and State aforesaid, who is personally known to me to be such officer a person who executed, as such officer, the within it and such person duly acknowledged the execute corporation. | and who is personally known to me to be the same astrument of writing on behalf of said corporation, |
| . IN TESTIMONY WHEREOF, I have here day and year last above written. | eunto set my hand and affixed my official seal the |
| My appointment expires: | Notary Public |

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This Assignment shall be effective for all purposes as of the 1st day of August 2019.

Tab Schweitzer President, Toil, Inc.

STATE OF <u>Colifornia</u>) SS: COUNTY <u>San Mateo</u>)

BE IT REMEMBERED that on this _____ day of _______, 2020, before me, a Notary Public in and for the County and State aforesaid, came Tab Schweitzer, President of Toil, Inc., and who is personally known to me to be such officer and who is personally known to me to be the same person who executed, as such officer, the within instrument of writing on behalf of said corporation, and such person duly acknowledged the execution of the same to be the act and deed of said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public

My appointment expires: 09/02/3021