# KOLAR Document ID: 1522624

| OIL & GAS CONSE                                                      | ATION COMMISSION<br>ERVATION DIVISION<br>INGE OF OPERATOR                                                                                                            |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRANSFER OF INJECTION<br>Form KSONA-1, Certification of Compliance w | I OR SURFACE PIT PERMIT<br>vith the Kansas Surface Owner Notification Act,                                                                                           |
| Check applicable boxes: MUST be submit                               | ted 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:                                                | Lease Name:                                                                                                                                                          |
| Saltwater Disposal Well - Permit No.:                                |                                                                                                                                                                      |
| Spot Location: feet from N / S Line                                  |                                                                                                                                                                      |
| feet from E / W Line                                                 | Legal Description of Lease:                                                                                                                                          |
| Enhanced Recovery Project Permit No.:                                |                                                                                                                                                                      |
| Entire Project: Yes No                                               | County:                                                                                                                                                              |
| Number of Injection Wells**                                          | Production Zone(s):                                                                                                                                                  |
| Field Name:                                                          | Injection Zone(s):                                                                                                                                                   |
| ** Side Two Must Be Completed.                                       |                                                                                                                                                                      |
| Surface Pit Permit No.:                                              | feet from N / S Line of Section<br>feet from E / W Line of Section<br>Haul-Off Workover Drilling                                                                     |
| Past Operator's License No                                           | Contact Person:                                                                                                                                                      |
| Past Operator's Name & Address:                                      |                                                                                                                                                                      |
| 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:                                                                                                                                                 |
| New Operator's Email:                                                | Date:                                                                                                                                                                |
|                                                                      |                                                                                                                                                                      |
| Title:                                                               | Signature:                                                                                                                                                           |
|                                                                      | authorization, surface pit permit # has been<br>Commission. This acknowledgment of transfer pertains to Kansas Corporation<br>above injection well(s) or pit permit. |
| 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                                                                                                                                                       |

Side Two

## Must Be Filed For All Wells

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

A separate sheet may be attached if necessary.

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

Side Two

## Must Be Filed For All Wells

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

A separate sheet may be attached if necessary.

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

# KOLAR Document ID: 1522624

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

| Form KSONA-               |
|---------------------------|
| July 201                  |
| 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 o                                                                                                                                                                                                                                                    |  |  |  |
| Contact Person:            | the lease below:                                                                                                                                                                                                                                                                                                                     |  |  |  |
| Phone: ( ) Fax: ( )        |                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Email Address:             |                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Surface Owner Information: |                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Name:                      | When filing a Form T-1 involving multiple surface owners, attach an additional<br>sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the<br>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: \_\_\_\_\_\_

## ASSIGNMENT OF OIL AND GAS LEASE

That the Undersigned, Fountainhead Resources, LLC hereinafter called Assignor, for in consideration of One Dollars (\$1.00) and other goods and valuable consideration, the receipt where of is hereby acknowledged, does hereby sell, assigns transfers and set over unto Dustin House, 5627 Woodland Road, Shawnee, Kansas 66218 hereinafter called Assignee all the working interest in the following leases per Exhibit A recorded in the Register of Deeds in Franklin County, Kansas.

# EXHIBIT A

This assignment is made by the Assignor without covenants or warranty of title, either express or implied, but is made with full substitution and subrogation of Assignee in and to all covenants and warranties by others heretofore given or made in respect to the interest assigned hereunder.

Executed this level 2020

Mark L. Haas, Managing Member,

Fountainhead Resources, LLC

STATE OF Kansas, COUNTY OF Johnson

Before me, the undersigned, a Notary Public, within and for said County and State, on the <u>l</u> day of <u>2020</u>, personally appeared <u>Mark Haas</u>, <u>Managing Member</u>, <u>Fourthelaw ad Pisturas</u>, <u>it</u> to me personally known to be the identical person who executed the foregoing instrument, and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

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

Notary Public



EXHIBIT "A"

# **CURTIN LEASE:**

TOWNSHIP I8-SOUTH. RANGE 21-EAST: SECTION 3: THE SOUTH 35 ACRES OF THE SOUTHEAST QUARTER (SE/4) OF THE SOUTHWEST QUARTER (SW/4), AND SECTION 10: NORTH 25 ACRES OF THE SOUTHEAST QUARTER (SE/4) OF THE NORTHWEST QUARTER (NW/4), EXCEPT THE FOLLOWING: COMMENCING AT THE SOUTHEAST CORNER OF THE NORTH 25 ACRES OF THE E HALF (E/2) OF THE NORTHWEST QUARTER (NW 14) OF SECTION TEN (10), THENCE NORTH 952 FEET, THENCE WEST 193 FEET, THENCE SOUTH 952 FEET, THENCE EAST 193 FEET TO THE PLACE OF BEGINNING, CONTAINING 60 ACRES MORE OR LESS, OF FRANKLIN COUNTY KANSAS.

### **GILCHRIST LEASE:**

Northeast Quarter (NE4) of Section Four (4), Township Eighteen (18) S; Range Twenty One (21) E; Franklin County, Kansas