KOLAR Document ID: 1564772

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 April 2019 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:                                                    | 1                                                                          |  |  |  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--|--|
| Oil Lease: No. of Oil Wells**                                              | Effective Date of Transfer:  KS Dept of Revenue Lease No.:                 |  |  |  |
| Gas Lease: No. of Gas Wells**                                              |                                                                            |  |  |  |
| Gas Gathering System:                                                      | Lease Name:                                                                |  |  |  |
| Saltwater Disposal Well - Permit No.:                                      |                                                                            |  |  |  |
| Spot Location:feet from N / S Line                                         | SecTwpRE \[ V \]                                                           |  |  |  |
| 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.                                             | injection Zene(e).                                                         |  |  |  |
| Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)                  | feet from N / S Line of Section feet from E / W Line of Section            |  |  |  |
| Type of Pit: Emergency Burn Settling                                       | 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:                                                       |  |  |  |
| New Operator's Email:                                                      | 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.                                     |  |  |  |
| 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                                                             |  |  |  |
| I                                                                          |                                                                            |  |  |  |

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#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease No.:           |                              |                                           |                      |                                   |                                      |
|---------------------------|------------------------------|-------------------------------------------|----------------------|-----------------------------------|--------------------------------------|
| * 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) |
|                           |                              | <i>Circle:</i> FSL/FNL                    | Circle:<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              |                                   |                                      |
|                           |                              |                                           | FEL/FWL _            |                                   |                                      |
|                           |                              | FSL/FNL                                   | FEL/FWL _            |                                   |                                      |
|                           |                              | FSL/FNL                                   | 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.

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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) CB-                                                                             | -1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)                                                                                                                                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| OPERATOR: License #                                                                                                                     |                                                                                                                                                                                                                                                               |  |  |
| Name:                                                                                                                                   |                                                                                                                                                                                                                                                               |  |  |
| Address 1:                                                                                                                              |                                                                                                                                                                                                                                                               |  |  |
| Address 2: State: Zip:+                                                                                                                 |                                                                                                                                                                                                                                                               |  |  |
| Contact Person:                                                                                                                         | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:                                                                                                                                                           |  |  |
| Phone: ( ) Fax: ( )                                                                                                                     |                                                                                                                                                                                                                                                               |  |  |
| Email Address:                                                                                                                          | -<br>-                                                                                                                                                                                                                                                        |  |  |
| Surface Owner Information:                                                                                                              |                                                                                                                                                                                                                                                               |  |  |
| Name:                                                                                                                                   | _ When filing a Form T-1 involving multiple surface owners, attach an additional                                                                                                                                                                              |  |  |
| Address 1:                                                                                                                              | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the                                                                                               |  |  |
| Address 2:                                                                                                                              | county and in the real estate property toy records of the county traceurer                                                                                                                                                                                    |  |  |
| City: State: Zip:+                                                                                                                      | _                                                                                                                                                                                                                                                             |  |  |
| the KCC with a plat showing the predicted locations of lease roads, to                                                                  | thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                       |  |  |
| ☐ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be            | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, 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 owner(s). To mitigate the additional cost of the KCC performing this ess 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 handli<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form C | ing fee with this form. If the fee is not received with this form, the KSONA-1<br>CP-1 will be returned.                                                                                                                                                      |  |  |
| I hereby certify that the statements made herein are true and correct                                                                   | t to the best of my knowledge and belief.                                                                                                                                                                                                                     |  |  |
| Date: Signature of Operator or Agent:                                                                                                   | Title:                                                                                                                                                                                                                                                        |  |  |





March 29, 2021

Kansas Corporation Commission 266 N. Main St. Ste 220 Wichita, KS 67202

RE: #1 Carpenter B, API 15-195-20961-0001, Sec. 17-118-22W, Trego Co., KS #2 Carpenter B, API 15-195-21142-0001, Sec. 17-11S-22W, Trego Co., KS #3 Carpenter B, API 15-195-21521-0000, Sec. 17-11S-22W, Trego Co., KS

#2 EHR Farms, API 15-195-21466-0000, Sec. 4-12S-22W, Trego Co., KS

#1 Grecian Trust, API 15-065-22751-0001, Sec. 17-10S-21W, Graham Co., KS

#1 Hillman, API 15-195-20774-0001, Sec. 35-11S-22W, Trego Co., KS

#2 Hillman, API 15-195-20846-0001, Sec. 35-11S-22W, Trego Co., KS

#3 Hillman, API 15-195-20921-0001, Sec. 35-11S-22W, Trego Co., KS

#4 Hillman ERW, API 15-195-20946-0002, Sec. 35-11S-22W, Trego Co., KS

#3 Hixson Farms A, API 15-195-21226-0001, Sec. 35-115-22W, Trego Co., KS

#1 Holmquist-Holmes Twin ERW, API 15-065-22717-0001, Sec. 14-10S-22W, Graham Co., KS

#2 Holmquist-Holmes Twin, API 15-065-22694-0001, Sec. 14-10S-22W, Graham Co., KS

#3 Holmquist-Holmes Twin, API 15-065-22729-0002, Sec. 14-10S-22W, Graham Co., KS

#1 Howat B, API 15-195-21444-0000, Sec. 1-118-23W, Trego Co., KS

#1 Lloyd Nilhas D, API 15-195-20736-0000, Sec. 29-11S-22W, Trego Co., KS

To whom it may concern:

Ritchie Exploration, Inc has transferred operations of the above referenced wells to CWB Oil Company, LLC, effective March 1, 2021.

Steven J. Ritchie

Vice President, Ritchie Exploration, Inc.

CW Bowles

Member, CWB Oil Company, LLC

P.O. Box 793168 Wichita, Kansaa 67278-3188 (316) 691-9520 Fax (316) 691-9550 cphillips@ritchie-exp.com

8100 E. 22<sup>nd</sup> St. N., Bldg. 700 Wichita, Kansas 67226-2328