KOLAR Document ID: 1564972

### 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:                                                |  |  |  |  |  |
| 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                                         | 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:                                                                      |  |  |  |  |  |
|                                                                            |                                                                            |  |  |  |  |  |
| 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 | D.:                          |                                                             | _                           |                                   |                                      |
|---------------|------------------------------|-------------------------------------------------------------|-----------------------------|-----------------------------------|--------------------------------------|
| * Lease Name: |                              |                                                             | * Location:                 |                                   |                                      |
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) |                             | 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                     |                                   |                                      |
|               |                              |                                                             | FEL/FWL _                   |                                   |                                      |
|               |                              |                                                             | 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: 1564972

### 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 #                                                                                                                                                                                                         | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name:                                                                                                                                                                                                                       | SecTwpS. R 🗌 East 🗌 West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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:                                                                                                                                                                                                                  | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City: State: Zip:+                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will | 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.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.  The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. |
| CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, for                                                                                                     | 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 se 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



March 29, 2021

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

RE: #1 Chapman, API 15-163-22654-0002, Sec. 22-6S-20W, Rooks Co., KS

#2 Chapman SWD, API 15-163-22854-0001, Sec. 22-6S-20W, Rooks Co., KS

To whom it may concern:

Ritchie Exploration, Inc has transferred operations of the above referenced wells to Bach Oil Production, Inc., effective March 1, 2021.

Steven J. Ritchie

Vice President, Ritchie Exploration, Inc.

Jason Bach

Member, Bach Oil Production, Inc.

| • |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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