## KOLAR Document ID: 1587773

| OIL & GAS CONSE<br>REQUEST FOR CHA<br>TRANSFER OF INJECTION         | ATION COMMISSION<br>ERVATION DIVISION<br>NGE OF OPERATOR<br>OR SURFACE PIT PERMIT<br>ith the Kansas Surface Owner Notification Act,<br>Form Must be Filled          |  |  |  |  |
|---|---|--|--|--|--|
| 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.:                               | Lease Name:   |  |  |  |  |
| 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**   |   |  |  |  |  |
| Field Name:   | Production Zone(s):   |  |  |  |  |
| ** Side Two Must Be Completed.                                      | Injection Zone(s):  |  |  |  |  |
| Surface Pit Permit No.:   | feet from N / S Line of Section<br>feet from E / W Line of Section<br>] Haul-Off Workover Drilling<br>Contact Person:<br>Phone:<br>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>bove 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: Authorized Signature  | Date:   |  |  |  |  |
|   |   |  |  |  |  |
| DISTRICT EPR F  | 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) |
|                           |                              | <i>Circle:</i><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: 1587773

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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

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

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

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

#### Select one of the following:

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

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

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

Date: \_\_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_\_

Know all men by Presents:

In consideration of 100 % operating interest, to be tendered with the execution of this Bill of Sale, Pioneer Resources Inc. 80 Windmill Drive Phillipsburg, KS.67661, Grantor, does here by grant, sell, transfer, and deliver unto Pioneer Operations LLC, whose address is 3014 Limestone Ct. Hays, KS. 67601, Grantee, will take over operations of the Maddy Unit Lease located in Section Five (5), Township Eight (8) , Range Eighteen (18) West, Rooks County, Kansas. Effective date is August 1, 2021.

Agreed to and Accepted this  $\cancel{0}$  day of August 2021

By

Rodger D. Wells, President Pioneer Resources Inc.

Agreed to and Accepted this <u>/o</u> day of August 2021

Bν

Danial D. Wells Pioneer Operations LLC