

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:

- Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project:  Yes  No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: \_\_\_\_\_

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: \_\_\_\_\_

KS Dept of Revenue Lease No.: \_\_\_\_\_

Lease Name: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ R.  E  W

Legal Description of Lease: \_\_\_\_\_

County: \_\_\_\_\_

Production Zone(s): \_\_\_\_\_

Injection Zone(s): \_\_\_\_\_

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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

New Operator's License No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

New Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

New Operator's Email: \_\_\_\_\_

Oil / Gas Purchaser: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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  
the new operator and may continue to inject fluids as authorized by

Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit

permitted by No.: \_\_\_\_\_ .

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ EPR \_\_\_\_\_ PRODUCTION \_\_\_\_\_ UIC \_\_\_\_\_

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 Section Line<br>(i.e. FSL = Feet from South Line) |         | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
|----------|------------------------------|--|---------|-----------------------------------|--------------------------------------|
|          |                              | Circle:  | Circle: |                                   |                                      |
|          |                              | 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.

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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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.*

*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: \_\_\_\_\_ Title: \_\_\_\_\_

BILL OF SALE

Operations of Oil and Gas Leases

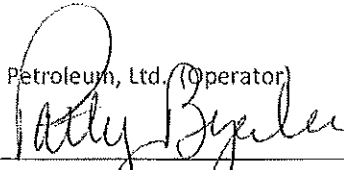
KNOW ALL MEN BY THESE PRESENTS:

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Pintail Petroleum, Ltd. (Pintail), as Operator of the oil and gas leases listed on Exhibit "A" attached hereto, does hereby bargain, sell, and convey unto Pickrell Drilling Company, Inc. (Pickrell), as successor Operator, whose address is 100 S. Main, Suite 505, Wichita, Kansas 67202-3738, all of Pintail's operations of the leases listed on Exhibit "A", in Kansas.

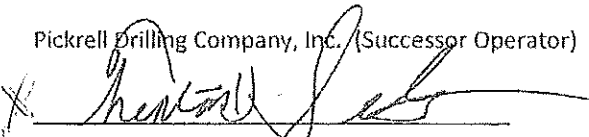
This Bill of Sale is subject to all the terms and conditions of leases, assignments and any agreements of the working interest owners.

This Bill of Sale shall be effective as of October 1, 2021 (the "Effective Date").

Pintail Petroleum, Ltd. (Operator)

  
\_\_\_\_\_  
Patty Byerlee, *manager*

Pickrell Drilling Company, Inc. (Successor Operator)

X   
\_\_\_\_\_  
Trenton D. Sebits, Chairman

**Vieux****Lease Description:**

Lessor: Avis Vieux, a widow  
Lessee: Herndon Drilling Company  
Lease Date: 5/8/1969  
Recording: Book 22, Page 224  
Description: Only insofar as it covers  
S/2 Section 14-T21S-R25W

**Exhibit A**

Lessor: Olin Vieux, et ux  
Lessee: Herndon Drilling Company  
Lease Date: 5/8/1969  
Recording: Book 22, Page 221  
Description: S/2 Section 14-T21S-R25W

Lessor: Mid-American Oil Company  
Lessee: Petroleum, Inc.  
Lease Date: 9/1/1972  
Recording: Book 26, Page 177  
Description: SE/4 Section 14-T21S-R25W

Lessor: Eva Lenora Stacy, Executrix  
Lessee: Petroleum, Inc.  
Lease Date: 9/22/1972  
Recording: Book 26, Page 214  
Description: S/2 Section 14-T21S-R25W