KOLAR Document ID: 1626782

### 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                                    | SecTwpREV   |  |  |
| 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.  | mjeston zone(s).  |  |  |
| Surface Pit Permit No.:   | feet from N / S Line of Section   |  |  |
| (API No. if Drill Pit, WO or Haul)                                    | feet from F / 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:                                       |   |  |  |
|   | Date:   |  |  |
| Title:  | Signature:  |  |  |
| New Operator's License No.  | Contact Person:   |  |  |
| New Operator's Name & Address:  | Phone:  |  |  |
|   | Oil / Gas Purchaser:  |  |  |
| New Operator's Email:   |   |  |  |
| Title:  | Signature:  |  |  |
| Acknowledgment of Transfer: The above request for transfer of inj     | ection authorization, surface pit permit # has been                               |  |  |
| noted, approved and duly recorded in the records of the Kansas Corpor | ration Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |
| Commission records only and does not convey any ownership interest in | in the above injection well(s) or pit permit.                                     |  |  |
| is acknowledged   | d as is acknowledged as   |  |  |
| the new operator and may continue to inject fluids as authorized      | the new operator of the above named lease containing the surface pit              |  |  |
| Permit No.: Recommended action:                                       | permitted by No.:   |  |  |
| Date:   | <br>Date:   |  |  |
| Authorized Signature  | Authorized Signature  |  |  |
| DISTRICT EPR  | PRODUCTION UIC  |  |  |

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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) |
|                 |                              | Circle:<br>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              |                                   |                                      |
|                 |                              | FSL/FNL                                   | 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) CI   | B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)   |  |  |  |
|--|--|--|--|--|
| OPERATOR: License #  |  |  |  |  |
| Name:  | ·  |  |  |  |
| Address 1:   |  |  |  |  |
| Address 2:   |  |  |  |  |
| City:  | the lease below.   |  |  |  |
| Contact Person:  |  |  |  |  |
| 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:   | the state of the s |  |  |  |
| City: State: Zip:+   |  |  |  |  |
|  | , tank batteries, pipelines, and electrical lines. The locations shown on the plat<br>red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |  |
| owner(s) of the land upon which the subject well is or will  | ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form 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 ce 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:   |  |  |  |

### BILL OF SALE

For and in consideration of the sum of ONE (\$1.00) DOLLAR, and other legal and valuable consideration, the receipt of which is hereby acknowledged, the undersigned, SEEKER, LLC, and K-OK OIL and GAS COMPANY, L.L.C., do hereby GRANT, BARGAIN, AND SELL unto BACKA, LLC, all of their interests in and to the oil and gas equipment, fixtures and supplies, both surface and subsurface, situated in and upon the West Half of the Northwest Quarter of Section 14, Township 35 South, Range 4 East of the 6<sup>th</sup> P. M., Cowley County, Kansas, commonly known as the Karen #1 Lease, or used in connection with that lease.

The undersigned do hereby warrant that it is the lawful owners of such equipment, fixtures, and supplies and that the same are owned free and clear of any lien or encumbrance whatsoever.

| Dated this day of January, 2022   |  |  |  |  |
|---|--|--|--|--|
| K-OK OIL and GAS COMPANY, L.L.C.  | SEEKER, LLC  |  |  |  |
| By: Whomas D. Dunn, Manager   | By: Donald W. Lane, Member                         |  |  |  |
| ba and a second |  |  |  |  |
| STATE OF KANSAS ) COUNTY OF COWLEY ) ss:  |  |  |  |  |
| BE IT REMEMBERED, that on this  |  |  |  |  |
| IN WITNESS WHEREOF, I hereunto set reyear last above written.   | my hand and affix my official seal, on the day and |  |  |  |
|   | Carrie Clouse                                      |  |  |  |
|   | Notary Public                                      |  |  |  |
|   |  |  |  |  |

My Appointment Expires: 9-17-22