KOLAR Document ID: 1658345

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: | I |
|---|--|
| 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 | SecTwp R E |
| 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 Zone(s). |
| Surface Pit Permit No.: | feet from N / S Line of Section |
| (API No. if Drill Pit, WO or Haul) | 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: |
| 1 ast Operator 5 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: | Date: |
| Title: | Signature: |
| Acknowledgment of Transfer: The above request for transfer of injection | on authorization, surface pit permit # has been |
| | n Commission. This acknowledgment of transfer pertains to Kansas Corporation |
| Commission records only and does not convey any ownership interest in the | |
| | |
| 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: |
| Date: Authorized Signature | Authorized Signature |
| DISTRICT EPR | PRODUCTION UIC |

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Side Two

Must Be Filed For All Wells

| KDOR Lease No |).i | | _ | | |
|-----------------|------------------------------|---|----------------------|-----------------------------------|--------------------------------------|
| * Lease Name: _ | | | * Location: | | |
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Sec (i.e. FSL = Feet from | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |
| | | Circle: FSL/FNL | Circle: 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 | | |
| | | | | | |

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.

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Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1
July 2021
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 # | 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: | 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 |
| Address 1: | 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: | |
| are preliminary non-binding estimates. The locations may be entered of Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice provided the following to the surface owner(s) of the land up Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filling | k batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. e Act (see Chapter 55 of the Kansas Statutes Annotated), I have pon which the subject well is or will be located: 1) a copy of the ng in connection with this form; 2) if the form being filed is a Form operator name, address, phone number, fax, and email address. |
| I have not provided this information to the surface owner(s). the KCC will be required to send this information to the surface | I acknowledge that, because I have not provided this information, se owner(s). To mitigate the additional cost of the KCC performing dress of the surface owner by filling out the top section of this form |
| If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP- | fee with this form. If the fee is not received with this form, the KSONA-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: |

ASSIGNMENT OF OPERATIONS

KNOW ALL MEN BY THESE PRESENTS:

THAT WHEREAS, Jeff S. Crawford d/b/a Jeff's Oilwell Supervision ("Assignor") is the operator of an undivided working interest in and to oil, saltwater disposal, and enhanced oil recovery wells located in Ellis and Rooks Counties, Kansas, as described in Exhibit A.

NOW THEREFORE, in consideration of the exchange of One Dollar (\$1.00) and other good and valuable consideration, of which the recipient and sufficiency is hereby acknowledged, Assignor does hereby assign, sell, transfer and convey to **Liberty Operations & Completions, Inc,** all of the Assignor's right, title, and interest in the right to operate the wells described in Exhibit A.

It is further agreed and understood that this Assignment shall not include any working interest or overwriting royalty interest in the wells, but is limited strictly to the right to operate the wells under any operating agreement between Assignor and the working interest owners.

This assignment is made and executed and delivered without warranty of any kind and no warranty shall be implied.

IN WITNESS WHEREOF, this instrument is executed this 16th day of June, 2022.

Liberty Operations & Completions, INC

Jeff's Oilwell Supervision

Roger L. Comeau, President

Jeff S. Crawford

| | | | | | | Exhibit A | it A | | | | | | | | | | | |
|---|------------------------------|-----------------------------|--------------|--------|-----|-----------|---------|--------|------------------|--------|----|--------|-------|---|-----|---------------|--------|-----------|
| 1 | | | | | | | | | | | | | | | | | | |
| | | Year | | | | | | | | | | Feet N | | Feet | | Well | Well | Oil Lease |
| | <u>a Well No.</u> API Number | <u>Drilled</u> <u>Depth</u> | <u>Depth</u> | County | Sec | Sec Twp | Rge Dir | 洁 | Q4 Q3 | 3 02 0 | 01 | SI | S-N | <u>S</u> <u>N-S</u> <u>E-W</u> <u>E-W</u> | E-W | Type | Status | Codes |
| | 15-163-23856-0000 | 2010 | 3652 | Rooks | 12 | 7 | 20 \ | Z ≥ | 20 W NE SE NW NE | Ž | ¥ | 880 | 880 N | 1325 | ш | 1325 E OIL PR | PR | 140849 |