## KOLAR Document ID: 1671319

	ATION COMMISSION Form T-1 April 2019 RVATION DIVISION Form must be Typed			
REQUEST FOR CHANGE OF OPERATOR All blanks must be Signed TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,				
Check applicable boxes: MUST be submitt	ted 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	SecTwp R E W Legal Description of Lease:			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County:			
Number of Injection Wells**	Production Zone(s):			
Field Name:				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section 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:			
	authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation 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 Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR F	PRODUCTION UIC			

Side Two

### Must Be Filed For All Wells

Vell No.	API No. (YR DRLD/PRE '67)	Eastage from Se			
		(i.e. FSL = Feet from	ction Line South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
		<i>Circle:</i> FSL/FNL	<i>Circle:</i> 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.

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### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 202
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: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person:			
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 (see Chapter 55 of the Kansas Statutes Annotated), 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: \_\_\_\_\_\_

## ASSIGNMENT OF OIL AND GAS LE

WOODSON COUNTY REGISTER OF DEEDS

Book: S101 Page: 169 Recorded 1 Recording Fee: \$21.00 Date Recorded: 12/5/2022 9:40:04 AM

## KNOW ALL MEN BY THESE PRESENTS:

That the undersigned **ROBERT CHRIESTENSON**, herein referred to as Assignor, for and in consideration of TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby sell, assign, transfer and set over unto CHRIESTENSON OIL LLC, Hereinafter referred to as Assignee, all of the 7/8 working interest, representing .875 of the net revenue Interest in and to the oil and gas lease Dated March 25, 2004, from Lois E. Sullivan Trust to Edward E. & Linda K. Birk and Brian L & Laura C Birk, lessees recorded in book 85 of Misc., page 345 insofar as said lease covers the following described land in Woodson County. State of Kansas

OUNTY

**IANSAS** 

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The Southeast Quarter of the Northwest Quarter (SE4 NW4) and the Southwest Quarter of the Northeast Quarter (SW4 NE4), Section 32, Township 23, Range 17 East.

together with all rights incident thereto and personal property thereon, appurtenant thereto, or used or obtained in connection therewith.

And for the same consideration, the Assignor covenants with the Assignee, their successors or assigns, that the assignor is the lawful owner of the interest above interest above signed, in and to said leases, estates, right and property.

The Assignor acknowledges that the above-described lease are valid and subsisting lease on said real estate and remain enforceable in all respects.

DATED THIS <u>/sr</u> day of December, 2022

Robert Chriestenson, owner

STATE OF KANSAS, COUNTY OF WOODSON, ss:

BE IT REMEMBERED, that on this 157 day of December, 2022, before me, the undersigned, a Notary Public in and for said county and state, came Robert Chriestenson to me personally known to be the same person who executed the foregoing instrument, and said person who executed the foregoing instrument, and said person duly acknowledged the execution of the same.

IN WINESS WEREOF. I have hereunto set my hand affixed my official seal the day and year

Last above written.

atricia J Schuster)

Notary Public, Patricia J Schuster



My appointment Expires: Decornler 31, 2025