## KOLAR Document ID: 1664842

OIL & GAS CONSE <b>REQUEST FOR CHA</b>	ATION COMMISSION ERVATION DIVISION ANGE OF OPERATOR ANGE OF OPERATOR All blanks must be Filled All blanks must be Filled					
<b>TRANSFER OF INJECTION OR SURFACE PIT PERMIT</b> Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,						
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:	Lease Name:					
Saltwater Disposal Well - Permit No.:						
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**	Production Zone(s):					
Field Name:	Injection Zone(s):					
** Side Two Must Be Completed.						
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					
	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:					
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	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:					
Authorized Signature	Authorized Signature					
DISTRICT EPR	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 _		
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		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: \_\_\_\_\_\_

(This Space Reserved for Filing Stamp)

	(This Space Reserved for Filing Stamp)
ASSIGNMENT of Oil and Gas Lease	STATE OF KANSAS, NEOSHO COUNTY, SS KATHY MILNER, REGISTER OF DEEDS BOOK: 574 Page: 568 Receipt#: 1028177 Pages Recorded 1
KNOW ALL MEN BY THESE PRESENTS: That the undersigned,	Date Recorded: 11/15/2022 2:12:40 PM
Thomas M. King Trust UTA dated 6-2-04	
(Hereinafter called Assignor), for and in consideration of One Dollar (\$1 receipt whereof is hereby acknowledged, does hereby sell, assign, transf	
set over unto Monarch Energy LLC	
(hereinafter called Assignee), All (87.5% Net) working	interest in and to the oil and gas lease
Dated August 31st, 1978	
from Marion Stevens, Nellie Stevens and Nona Stevens D.B	
	, Lessor
to W. H. Wilkins	
recorded in book <u>M-76</u> , page <u>316</u>	-
in Neosho County, State of Kans	as;
The Northeast Quarter (NE ¼) and the North Half of the North	west Quarter (N ½ NW ½) of Section 22 and the Northwest
Quarter (NW 1/4)	
warrant and forever defend the same against all persons whomsoever, lawf EXECUTED This <u>8th</u> day of <u>September</u>	20.22 Thomas My Trus Tee Assignor Signature
Thomas M. King, Trustee of the	he Thomas M. King Trust UTA dated 6-2-04, lease owner
STATE OF Kansas	
ss. ACKNOWLEI	DGEMENT FOR INDIVIDUAL (Oklahoma and Kansas)
Before me, the undersigned, a Notary Public, within and for said	County and State,
On this star 9th day of September	, 20 <u>22</u> ,
personally appeared <u>Thomas M. King. Trustee of the Thomas M</u> the identical person who executed the within and foregoing instrument and voluntary act and deed for the uses and purposes therein set forth.	
In Testimony Whereof, I have hereunto set my hand and official s	seal the day and year last above written.
My commission expires 9/16/2023 TERRI JO MA NOTARY PUBLIC - STATE OF STATE OF	TNEY Fransas 1.2023
STATE OF } ss. CORPORATI	ION ACKNOWLEDGEMENT
COUNT OF	
Before me, the undersigned, a Notary Public, within and for said	•
on this day of	
personally appeared	rument as its and acknowledged to me
In Testimony Whereof, I have hereunto set my hand and official:	seal the day and year last above written.

My commission expires