# KOLAR Document ID: 1704960

| OIL & GAS CONSE                                                                                                                                                                                                                  |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                  | ed 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                                                                                                                                                                                                             | 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.:                                                                                                                                                                                                          | feet from N / S Line of Section<br>feet from E / W Line of Section<br>Haul-Off Workover Drilling |
|                                                                                                                                                                                                                                  | Oracle of Demonstra                                                                              |
| 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:                                                                                       |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation C Commission records only and does not convey any ownership interest in the a | <b>-</b>                                                                                         |
| 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:                                                                                            |
|                                                                                                                                                                                                                                  |                                                                                                  |
| DISTRICT F                                                                                                                                                                                                                       | 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) |
|                                       |    | <i>Circle:</i><br>FSL/FNL                                      | <i>Circle:</i><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.

\* 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.

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) |
|                                       |    | <i>Circle:</i><br>FSL/FNL                                      | <i>Circle:</i><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.

\* 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.

### KOLAR Document ID: 1704960

### 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<br>sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the |  |  |  |
| Address 1:                 |                                                                                                                                                                                                                                                      |  |  |  |
| Address 2:                 | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                         |  |  |  |
| 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: \_\_\_\_\_\_

# **CBCF Lease Multiple Surface Owners:**

W/2 and Tract in E/2 Sec. 31-14S-21W – Pierce Inc., 2083 NW Ohio St Rd., Towanda, KS 67144

E/2 less tract Sec. 31 and W/2 Sec. 32 – M.H. Properties LLC, 12301 W 163<sup>rd</sup> St., Overland Park, KS 66221

### 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, Norstar Petroleum Inc. ("NPI"), whose address is 88 Inverness Cir E, Unit F104, Englewood, CO 80112, Operator of the oil and gas leases listed below, does hereby bargain, sell, and convey unto Elevate Energy Ltd. ("Elevate") as successor operator whose address is 7424 S Lewiston St, Aurora, CO 80016 all of NPI's operations of the leases listed below:

CBCF 1-31, 2-31, 3-31 EOR, 4-31, 5-31, 6-31 EOR, 7-31, 1-32, 2-32 SWD; All Sec. 31 and W/2 Sec. 32, T14S-R21W, Trego County, KS

Schmidt 1-5; W/2 Sec. 5, T15S-R21W, Trego County, KS

Schmidt 1-6, 2-6; All Sec. 6, T15S-R21W, Trego County, KS

Schuster 1-5; E/2 Sec. 6, T15S-R21W, Trego County, KS

Schuster 1-32, 2-32; SE/4 Sec. 32, T14S-R21W, Trego County, KS

Maier-Schmidt Unit 1-32; S/2 NE/4 Sec. 32, T14S-R21W, Trego County, KS

Kuppetz TA 1-4, 2-4, 3-4, 4-4, 5-4; W/2 NE/4 & W/2 Sec. 4, T15S-R21W, Trego County, KS

Schmidt RP 1-29, 2-29, 3-29 SWD, 4-29, 6-29, 7-29, 1-30, 2-30, 3-30, 5-30, 6-30 EOR, 1-32; All Sec. 29, All Sec. 30, N2 NE Sec. 32, NW Sec. 33, T14S-R21W, Trego County, KS

Zeller FJ 1-21; NW/4 Sec. 21, T15S-R21W

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 May 1, 2022 (the "Effective Date").

Norstar Petroleum Inc. (Operator)

Per Burchardt, President

Elevate Energy Ltd. (Successor Operator)

Brady Pfeiffer, Managing Member