

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:

- Oil Lease: No. of Oil Wells _____ **
- Gas Lease: No. of Gas Wells _____ **
- Gas Gathering System: _____
- Saltwater Disposal Well - Permit No.: _____
Spot Location: _____ feet from N / S Line
_____ feet from E / W Line
- Enhanced Recovery Project Permit No.: _____
Entire Project: Yes No
Number of Injection Wells _____ **

Field Name: _____

**** Side Two Must Be Completed.**

Effective Date of Transfer: _____

KS Dept of Revenue Lease No.: _____

Lease Name: _____

____ - ____ - ____ - ____ Sec. ____ Twp. ____ R. E W

Legal Description of Lease: _____

County: _____

Production Zone(s): _____

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from N / S Line of Section

_____ 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: _____

Title: _____

Date: _____

Signature: _____

New Operator's License No. _____

Contact Person: _____

New Operator's Name & Address: _____

Phone: _____

New Operator's Email: _____

Oil / Gas Purchaser: _____

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 the new operator and may continue to inject fluids as authorized by

_____ is acknowledged as 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

KDOR Lease No.: _____

* Lease Name: _____ * Location: _____

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from 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		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

County: _____

Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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.

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: _____ Title: _____



KANOK ENERGY LLC

OPERATING AGREEMENT

THIS AGREEMENT, entered into by and between KanOk Energy LLC, hereinafter designated and referred to as "Owner," and the party or parties of Chautauqua Oil and Gas LLC, hereinafter referred to as "Operator" of oil and gas lease as listed in "Exhibit A", executed on this 27th day of March, 2023, with the effective date of FEBRUARY 15, 2023, hereinafter referred to as "Effective Date".

WITNESSETH:

WHEREAS, the parties to this agreement are owners & operators of Oil and Gas Leases and/or Oil and Gas Interests, hereinafter referred to as the "Contract Area", in the properties identified in "Exhibit A", and the parties here to have reached an agreement to operate the Oil and Gas Leases for the production of Oil and Gas as hereinafter provided, NOW, THEREFORE, it is agreed as follows:

Designation and Responsibilities of Operator:

As of the Effective Date of this agreement, Chautauqua Oil and Gas LLC shall be the Operator of the Contract Area and shall assume operations in the Contract Area. Operator shall be an independent contractor not subject to the control or direction of the Owner. Operator shall conduct operations in accordance with KCC oil and gas production procedures. Operator shall conduct its activities under this agreement in a reasonable and prudent manner, with due diligence and in accordance with good oilfield practice, and in compliance with applicable law and regulation.

Operational Expenses:

Unless changed by other provisions, all costs and liabilities incurred in operations under this agreement shall be borne and all equipment and materials acquired in operations on the Contract Area shall be paid on a monthly basis. A summary of operational expenses is outlined in the attached Exhibit B. Additional or unforeseen costs that occur in the course of operations will be discussed between the parties prior to any significant purchases or pricing changes.

Billing Schedule for Operational Expenses:

Operational expenses will be itemized and billed monthly. Payments are due within 30 days. A 10% late fee will be assessed after 30 days. If outstanding payments reach 60 days past due, Operator will cease operations and production.

Revenue Payments to Interest Owners:

Third party vendor will handle all revenue payments.

Termination of Agreement

This agreement may be terminated upon written notice to Operator.

SEE EXHIBIT A

	API #	Well Name	County	Well Type	Full Well Status	Section	Township	Range	Total Depth
1	15-033-21137	Ferrin 3-15	Comanche County	GAS	Inactive Well	15	31S	17W	0
2	15-055-20730	ANGEL 1	Finney County	GAS	Inactive Well	5	26S	31W	2685
3	15-055-00333	BIEGERT 1	Finney County	GAS	Inactive Well	30	22S	34W	2677
4	15-055-20875	BIEGERT 2-30	Finney County	GAS	Inactive Well	30	22S	34W	3100
5	15-055-00819	RUSSELL UNIT 1	Finney County	GAS	Inactive Well	7	24S	31W	2775
6	15-055-00304	WARREN 1-1	Finney County	GAS	Producing	1	22S	34W	2650
7	15-055-21537	WARREN 'A' 2-H	Finney County	GAS	Producing	2	22S	34W	2650
8	15-067-21541	Lighty 'A' 1	Grant County	OIL	Approved for Plugging	21	29S	35W	5700
9	15-075-30030	CARTER 1041	Hamilton County	GAS	Producing	10	24S	41W	2290
10	15-075-10001	CARTER B 1	Hamilton County	GAS	Producing	4	24S	41W	2320
11	15-075-10005	D. L. Katterjohn 1	Hamilton County	GAS	Producing	3	21S	41W	2821
12	15-075-20163	E. C. Glover 1	Hamilton County	GAS	Producing	23	24S	41W	0
13	15-075-10008	Hazel W. Owens Unit 1	Hamilton County	GAS	Inactive Well	12	22S	42W	2730
14	15-075-20797	Katterjohn 2	Hamilton County	GAS	Producing	3	21S	41W	3200
15	15-075-20796	Lewis 2	Hamilton County	GAS	Inactive Well	36	21S	42W	3200
16	15-075-10007	Maxfield Gas Unit 1	Hamilton County	GAS	Producing	2	21S	41W	2834
17	15-075-20795	Maxfield Gas Unit 2	Hamilton County	GAS	Producing	2	21S	41W	3204
18	15-075-30031	Starkey 1	Hamilton County	GAS	Producing	11	24S	41W	0
19	15-075-20169	Thomas P. Overton 1	Hamilton County	GAS	Producing	26	24S	41W	0
20	15-075-10010	Woodrow Lewis Unit 1	Hamilton County	GAS	Inactive Well	36	21S	42W	2774
21	15-081-21104	ADAMS 'L' 3	Haskell County	OIL	Inactive Well	33	29S	34W	5650
22	15-081-30083	C. L. HUXMAN 7-14	Haskell County	GAS	Inactive Well	14	30S	34W	4275
23	15-081-00361	KIRKPATRICK 1	Haskell County	GAS	Producing	26	28S	32W	2715
24	15-081-21173	LEATHERS LAND 'A' 4-A	Haskell County	OIL	Inactive Well	10	30S	34W	5560
25	15-093-20482	CLAYPOOL 'D' D1-21	Kearny County	GAS	Inactive Well	21	22S	35W	4600
26	15-129-00074	Heintz, J.C. 1-7	Morton County	GAS	Producing	7	35S	42W	4742
27	15-129-10015	JENSEN 1	Morton County	GAS	Producing	27	32S	42W	3302
28	15-129-10599	RILEY 'D' 5-A	Morton County	GAS	Producing	27	34S	42W	4650
29	15-129-10435	USA 1	Morton County	GAS	Producing	13	34S	42W	6200
30	15-175-20422	AMIGO 31-399	Seward County	GAS	Plugged	6	34S	32W	6200
31	15-175-21589	Ballinger 1-9	Seward County	GAS	Producing	9	35S	32W	6603
32	15-175-20779	BUSH 'A' 2	Seward County	GAS	Inactive Well	36	33S	33W	6400
33	15-175-20389	FINCHAM 'D' 2	Seward County	GAS	Inactive Well	29	33S	34W	6355
34	15-175-20445	Liberal 29-189	Seward County	GAS	Producing	4	35S	33W	0
35	15-175-20918	Light 1-9	Seward County	GAS	Producing	9	35S	32W	6538
36	15-175-21592	MAXWELL 'B' 2	Seward County	GAS	Inactive Well	23	33S	34W	6400
37	15-175-21879	Travis 1-18	Seward County	GAS	Producing	18	35S	32W	6700
38	15-189-22167	Dowdy 'A' 2	Stevens County	GAS	Inactive Well	31	33S	38W	6350
39	15-189-22401	HJV ALLBRITTEN 'A' 1	Stevens County	GAS	Approved for Plugging	21	33S	36W	0
40	15-189-22355	HJV FLUMMERFELT 'A' 1	Stevens County	GAS	Inactive Well	10	33S	39W	0
41	15-189-22446	HJV Ponder 'A' 1	Stevens County	GAS	Inactive Well	10	32S	38W	6400
42	15-189-20922	James O'Dea 'A' 1	Stevens County	GAS	Inactive Well	4	31S	35W	5807
43	15-189-21103	KELLY 'D' 1	Stevens County	GAS	Inactive Well	22	34S	39W	6825
44	15-189-22440	Leonard 'B' 4	Stevens County	OIL	Inactive Well	3	32S	38W	6275
45	15-189-22371	McClure 'D' 5	Stevens County	OIL	Producing	33	31S	38W	6250
46	15-189-20551	SCHMIDT 'C' 1	Stevens County	GAS	Inactive Well	30	32S	37W	6225
47	15-189-20420	Smith 'N' 1	Stevens County	GAS	Producing	12	33S	38W	6140

EXHIBIT B

Operational Expenses

All cost must have written prior approval.

ACKNOWLEDGEMENTS

OWNER: Kanok Energy LLC
BY: *Austin Coble*
Austin Coble
TITLE: President
DATE: _____
TAX ID OR SSN: 86-2412329

OPERATOR: Chautauqua Oil and Gas LLC
BY: *Malik Husain*
Malik Husain
TITLE: Manager
DATE: _____
TAX ID OR SSN: 88-2907737

This instrument was acknowledged before me on 27th day of March, 2023.

(Seal)



NOTARY PUBLIC: *L Sills*
COMMISSION EXPIRES: 06/29/24