KOLAR Document ID: 1714336

| KANSAS CORPORATION COMMISSION Form T-1 April 2019 April 2019 OIL & GAS CONSERVATION DIVISION Form must be Typed REQUEST FOR CHANGE OF OPERATOR All blanks must be Signed All blanks must be Filled Form 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 submitted | 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 | 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 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 | the new operator of the above named lease containing the surface pit | | | |
| Permit No.: Recommended action: | permitted by No.: | | | |
| Date: | Date: Authorized Signature | | | |
| DISTRICT | | | | |
| | PRODUCTION UIC | | | |

Side Two

Must Be Filed For All Wells

| * Lease Name: _ | 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 | | |
| | | 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: ______

entered in Transfer Record in my office this 13th day of Jan. 2023

Burden

Taxes to & after recording mail to: Douglas L. Miller 1020 S. Larson Chanute, KS 66720

County Clerk

| Wilson County Book: 428 | Register of Deeds Page : 553 Total Fees: \$17.80 |
|----------------------------|--|
| Receipt #: 37813 | Total Fees: \$17.00 |
| ages Recorded: 1 | HTF: \$1.00 |
| _ | Clerk Tech: \$0,50 |
| | Rod Tech: \$2.00 |
| | Treas Tech: \$0.50 |
| Date Recorded: 1 | /13/2023 1:39:00 PM |
| | |
| Con | rie prese |

JOINT TENANCY WARRANTY DEED

Dated January 6, 2023

PEGGY ANN MILLER, a single person

CONVEYS AND WARRANTS TO:

PEGGY ANN MILLER and DOUGLAS L. MILLER, as JOINT TENANTS and not as tenants in common, with full rights of survivorship, the whole estate to vest in the survivor in the event of the death of either, all the following described real estate in the County of Wilson, State of Kansas, towit:

The North Half of the Southeast Quarter (N/2 SE/4) of Section Eleven (11), Township Twenty-eight (28) South, Range Fifteen (15 East of the Sixth Principal Meridian, LESS and except the North 60 feet thereof.

Adding joint tenant only.

EXCEPT-AND SUBJECT TO: Easements, rights-of-way and restrictions of record, if any.

1 M Miller 🕅 MILLER

STATE OF OKLAHOMA, COUNTY OF ROGERS, ss:

BE IT REMEMBERED, that on January _____, 2023, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came PEGGY ANN MILLER, a single person, who is the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year last above written.



CHRISTIE HOLT

Notary Public