KOLAR Document ID: 1715671

### 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:  | 1  |  |  |  |
|--|--|--|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer:KS Dept of Revenue Lease No.:                   |  |  |  |
| Gas Lease: No. of Gas Wells**  |  |  |  |  |
| Gas Gathering System:  | Lease Name:  |  |  |  |
| Saltwater Disposal Well - Permit No.:                                      |  |  |  |  |
| Spot Location:feet from N / S Line   | SecTwpRE \[ V \]   |  |  |  |
| 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.   | injection Zene(e).   |  |  |  |
| 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:   |  |  |  |
|  | Date:  |  |  |  |
| Title:   | Signature:   |  |  |  |
| New Operator's License No  | Contact Person:  |  |  |  |
| New Operator's Name & Address:   | Phone:   |  |  |  |
| · ·  | Oil / Gas Purchaser:   |  |  |  |
| New Operator's Email:  | Date:  |  |  |  |
|  | Signature:   |  |  |  |
| 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   |  |  |  |
| I  |  |  |  |  |

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#### 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 (i.e. FSL = Feet from South Line) |                             | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
|                           |                              | Circle:<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                     |                                   |                                      |
|                           |                              |   | FEL/FWL _                   |                                   |                                      |
|                           |                              |   | FEL/FWL _                   |                                   |                                      |
|                           |                              |   | FEL/FWL                     |                                   |                                      |

A separate sheet may be attached if necessary.

<sup>\*</sup> 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

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) CE  | <b>3-1</b> (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)   |
|---|---|
| OPERATOR: License #   |   |
| Address 1:  |   |
| Address 2:  |   |
| City: State: Zip:+  |   |
| Contact Person:   | the lagge helps:  |
| Phone: ( ) Fax: ( )   |   |
| Email Address:  |   |
| Surface Owner Information:  |   |
| Name:   |   |
| Address 1:  | 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   |
| Address 2:  | accepts, and in the real estate property toy records of the accepts traceurer   |
| City:   | _   |
| the KCC with a plat showing the predicted locations of lease roads,   | athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |
| ☐ I certify that, pursuant to the Kansas Surface Owner No provided the following to the surface owner(s) of the langer C-1, Form CB-1, Form T-1, or Form CP-1 that I am | otice Act (see Chapter 55 of the Kansas Statutes Annotated), I have d upon which the subject well is or will be located: 1) a copy of the ifiling in connection with this form; 2) if the form being filed is a Form my operator name, address, phone number, fax, and email address. |
| the KCC will be required to send this information to the sur  | s). I acknowledge that, because I have not provided this information, rface owner(s). To mitigate the additional cost of the KCC performing address of the surface owner by filling out the top section of this form e to the KCC, which is enclosed with this form.                  |
| If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form  | lling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.   |
| I hereby certify that the statements made herein are true and correct   | ct to the best of my knowledge and belief.  |
| Date: Signature of Operator or Agent:   | Title:  |



May 4, 2023

Kansas Corporation Commission 266 N Main St., Suite 220 Wichita, KS 67202

RE: T-1

This is to inform the KCC of the Transfer of Operator from L D Drilling, Inc. (6039) to Vess Oil Corp. (5030)

Very Truly Yours,

Rashell Patten

Office Manager