KOLAR Document ID: 1772005

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: | | | |
| 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 | 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: | | | |
| | | | | |
| 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. (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 | Circle: 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 _ | | |
| | | 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

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) C | CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) |
|---|---|
| OPERATOR: License # | |
| Name: | |
| Address 1: | • |
| Address 2: | |
| City: | the lease heless: |
| Contact Person: | _ |
| Phone: () Fax: () Email Address: | |
| Surface Owner Information: Name: | When filing a Form T-1 involving multiple surface owners, attach an additional |
| Address 1: | sheet listing all of the information to the left for each surface owner. Surface |
| Address 2: | and the same time the same to extend a same and the same and a fitting a same to the same and |
| City: State: Zip:+ | |
| | s, tank batteries, pipelines, and electrical lines. The locations shown on the plat red 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 N provided the following to the surface owner(s) of the lar Form C-1, Form CB-1, Form T-1, or Form CP-1 that I are | lotice Act (see Chapter 55 of the Kansas Statutes Annotated), I have nd upon which the subject well is or will be located: 1) a copy of the m filing in connection with this form; 2) if the form being filed is a Form by my operator name, address, phone number, fax, and email address. |
| the KCC will be required to send this information to the si | r(s). I acknowledge that, because I have not provided this information, urface owner(s). To mitigate the additional cost of the KCC performing d address of the surface owner by filling out the top section of this form ble to the KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 han form and the associated Form C-1, Form CB-1, Form T-1, or Form | ndling fee with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned. |
| I hereby certify that the statements made herein are true and corre | ect to the best of my knowledge and belief. |
| Date: Signature of Operator or Agent: | Title: |

ASSIGNMENT OF WORKING INTEREST

Anderson Energy, Inc., Anderson Family Investments, LLC, Anderson Resources, Inc., BAHA, LLC, ("Grantors")

Grant and Convey to

Weigel Oil Company LLC, PO Box 321, Gorham, KS 67640 ("Grantee")

All Grantors' undivided working interest and personal property interests in the following described oil and gas lease:

Lessors:
Lessee:
Anton G. Pfannenstiel and Theresa Pfannenstiel, his wife
Alpine Oil & Royalty Co., Inc.
Date:
March 8, 1965
Recorded:
Book 219, Page 316
Legal Description:
NW/4 of 1-15S-19W Ellis County, Kansas, less a 10 acre tract in the northwest corner used and designated as the townsite and school grounds of Antonino, Kansas

This Assignment is made and executed and delivered without warranty of any kind and no warranty shall be implied.

For the sum of: \$10.00 and other good and valuable consideration.

Executed this 2 day of March, 2024, but effective as of April 1, 2024.

| Anderson Energy, Inc. | Anderson Family Investments, LLC |
|---------------------------------|----------------------------------|
| by: Wissom Lexenson | by: Willram Kroenon |
| Printed Name: William LAnderson | Printed Name: William L Anderson |
| Title: President | Title: Managing Member |
| | |
| Anderson Resources, Inc. | BAHA, LLC |
| , , , , , , | by: 1 Swam Drosnen |
| by: William Licenson | |

| ma . | STATE OF KS, COUNTY OF SECONDA | |
|------|--|--|
| m | day of McComposition of Anderson Energy, Inc. | |
| | Appointment Expires Notary Public Notary Public Notary Public - State of Kansas McKenzie Anderson My Appt. Expires | |
| | STATE OF KS, COUNTY OF Stalouick | |
| | Acknowledged before me this act day of Moch, 2024, by of Anderson Family Investments, LLC. Appointment Expires Acknowledged before me this act day of Moch, 2024, by of Anderson Family Investments, LLC. Notary Public | |
| | NOTARY PUBLIC - State of Kansas McKenzie Anderson My Appt. Expires | |
| | STATE OF (S, COUNTY OF SOCGUCK | |
| | Acknowledged before me this act day of Mach, 2024, by of Anderson Resources, Inc. | |
| | Appointment Expires Notary Public | |
| | NOTARY PUBLIC - State of Kansas McKenzie Anderson My Appt. Expires | |
|) | Acknowledged before me this 20th day of Mach, 2024, by of BAHA, LLC. Appointment Expires ONLY Notary Public | |
| | | |