KOLAR Document ID: 1786009

Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone:	KANSAS CORPORATION COMMISSION Form T- April 2012 April 2012 OIL & GAS CONSERVATION DIVISION Form must be Type REQUEST FOR CHANGE OF OPERATOR All blanks must be Filled TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,				
Cas Lease: No. of Gas Wells ** Gas Gathering System:		ted with this form.			
Gast Gathering System: In Section 2 System: Gast Stativet Disposal Well - Permit No:: Spot Location: Spot Location: feet from N / S Line Is Enhanced Recovery Project Permit No:: County: Enhanced Recovery Project Permit No:: County: Field Name: *** Side Two Must Be Completed. Surface Pit Permit No:: // Production Zone(s): Injection Velocit County: // Production Zone(s): Surface Pit Permit No:: // (API No. if Dail PI, WO or Head) Type of Pit: Emergency Burn Setting Past Operator's Name & Address: Phone: Date:	Oil Lease: No. of Oil Wells**	Effective Date of Transfer:			
Gas Gathering System:	Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Saltwater Deposal Well - Permit No:	Gas Gathering System:				
Spot Location: Itention N / S Line Image: Interpretation: Image: Im	Saltwater Disposal Well - Permit No.:				
Enhanced Recovery Project Permit No:	Spot Location: feet from N / S Line				
Entire Project: Yes No Number of Injection Weits ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::	feet from E / W Line	Legal Description of Lease:			
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No:	Enhanced Recovery Project Permit No.:				
Number of Injection Wells ** Field Name: ** *** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No:	Entire Project: Yes No	County:			
Field Name: Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No::	Number of Injection Wells**				
** Side Two Must Be Completed. Injection Lone(s):	Field Name				
Surface Pit Permit No:		Injection Zone(s):			
Past Operator's Name & Address: Phone:	(API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from E / W Line of Section] Haul-Off Workover Drilling			
Date:					
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone:	Past Operator's Name & Address:	Phone:			
New Operator's License No. Contact Person: New Operator's Name & Address: Phone:		Date:			
New Operator's Name & Address: Phone:	Title:	Signature:			
New Operator's Name & Address: Phone:					
Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Email: Date: Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. Is acknowledged as It 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:	New Operator's License No	Contact Person:			
Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Email: Date: Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. Is acknowledged as It 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:	New Operator's Name & Address:	Phone:			
New Operator's Email:		Oil / Gas Purchaser			
Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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.	New Operatoria Exectly				
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. Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	New Operator's Email:	Date:			
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. 	Title:	Signature:			
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:Authorized Signature Date:Authorized Signature Date:Authorized Signature	noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Permit No.:	is acknowledged as	is acknowledged as			
Permit No.:	the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit			
Authorized Signature Authorized Signature	Permit No.: Recommended action:	permitted by No.:			
Authorized Signature Authorized Signature		Date:			
DISTRICT EPR PRODUCTION UIC	DISTRICT EPR F	PRODUCTION UIC			

Side Two

Must Be Filed For All Wells

* Lease Name: * Location:					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Sec (i.e. FSL = Feet from		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.

KOLAR Document ID: 1786009

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: ______

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CYCHY ALL MEN BY THE REPAIR WAS DRAFT.

The undersigned Mar Los DI Co. LLC Newaltar called "Assigned" for good and solution consideration; the receipt of which is hereby accountedped, does newly set, arrays, manafer and ant over units <u>BMC Company</u>. Does <u>DSC Colline</u>, <u>SL</u> all of Assigned's <u>approve</u> is <u>and to the follower</u> of and newly.

to and to the sil and put leaners described as follows:

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there of working intervent. This shall be effective sity 1, 2014.

INTER R. ROBINSON, MAPLES DECA. 191

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IN TEST MONY WHEREOF, I have hereunes set the hand affixed my official seal the day and year last above written.

June & 2029

