KOLAR Document ID: 1417675

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

		ATION COMMISSION Form T-1 July 2014 ERVATION DIVISION Form must be Typed Form must be Signed
Check Applicable Boxes: MUST be submitted with this form. OIL Lease: No. of Oil Wells ** Gas Casthering System: Effective Date of Transfer: Gas Gathering System: feet from N / S Line Spot Location: feet from N / S Line Enthanced Recores: Project Permit No: Sec. County: Res (Sec) Production Zone(s): Res Field Name: //// No If Diff PR, WO or Hauly Field Name: ////////////////////////////////////		ANGE OF OPERATOR All blanks must be Filled
Clinck Applicable Dools:	MUST be submit	
Gas Lesse: No. of Gas Wells		
Gas Gathering System:		
Sativater Disposal Well - Permit No:		KS Dept of Revenue Lease No.:
Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No: Enhanced Recovery Project Permit No:		Lease Name:
Enhanced Recovery Project Permit No; Entire Project: Yes Number of Injection Wells ** Field Name: ** Surface Pit Permit No:	Spot Location: feet from N / S Line	
Entire Project: \end{alignedity} Number of Injection Wells	feet from E / W Line	
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::	Enhanced Recovery Project Permit No.:	
Field Name: Injaction Zone(s): Injaction Zone(s): Injaction Zone(s): Surface Pit Permit No.:	Entire Project: Yes No	County:
** Side Two Must Be Completed. Surface Pit Permit No:: (APT No. if Drill Pit, WO or Haul) feet from N / S Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone: Date: Signature: New Operator's License No. Contact Person: New Operator's License No. Contact Person: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: Signature: 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 #	Number of Injection Wells**	Production Zone(s):
** Side Two Must Be Completed. Surface Pit Permit No::	Field Name:	Injection Zone(s):
(API No. It Drill Pit, WO or Haul)	** Side Two Must Be Completed.	
Past Operator's License No. Contact Person: Past Operator's Name & Address: Phone:		
Past Operator's Name & Address: Phone: Date: Signature: Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Date: Date: Date: Title: Signature: Date: Date: Oil / Gas Purchaser: Date: 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.	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: Date: 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 # 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 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 ted by No: Date:	Past Operator's Name & Address:	Phone:
Oil / Gas Purchaser: Oil / Gas Purchaser: Date: 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 the new operator and may continue to inject fluids as authorized by It he new operator of the above named lease containing the surface pit Permit No:	New Operator's License No.	Contact Person:
Date:	New Operator's Name & Address:	Phone:
Date:		Oil / Gas Purchaser:
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.		
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.		
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:	noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Permit No.:	is acknowledged as	is acknowledged as
Date: Date: Date: Authorized Signature	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	Date:
DISTRICT EPR PRODUCTION UIC	Authorized Signature	
	DISTRICT EPR	PRODUCTION UIC

Side Two

Must Be Filed For All Wells

* Lease Name: _			* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Secti (i.e. FSL = Feet from S		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		
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		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-1
July 2014
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
Contact Person:	the lease below:
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 owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
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 (House Bill 2032), 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: ______

MEMORANDUM OF ASSIGNMENT

THIS MEMORANDUM OF ASSIGNMENT is between OSAGE RESOURCES, LLC, and RAMSHORN RESOURCES, LLC.

RECITALS

Osage Resources, LLC ("Osage") is the operator of the oil and gas wells and Α. disposal wells more fully described on Exhibit A, attached hereto (the "Operated Properties");

By Assignment, Bill of Sale and Conveyance dated effective as of August 1, 2018, B. Osage Oil, LLC and Osage Gathering, LLC ("Assignors") assigned all of their interest in the Operated Properties to MDM Energy, LLC, for itself and on behalf of other owners ("Assignees");

C. Ramshorn Resources, LLC, has entered into operating agreements with the Assignees for the operation of the Operated Properties.

NOW, THEREFORE, NOTICE IS HEREBY GIVEN that effective as of August 1, 2018, all operations of the Operated Properties are assigned to Ramshorn Resources, LLC, which has assumed the duties and responsibilities for such operations as of such date. In the event of any conflict between the terms of this Memorandum and the assignments of the Operated Properties, the terms of the assignments shall control.

OSAGE RESOURCES, LLC

Benjamin W. Crouch, Manager

RAMSHORN RESOURCES, LLC

Benjamin W. Crouch, Manager

EXHIBIT A Operated Properties

Certified on 03/05/2018 Approved by the KCC on 03/06/2018

	Type	GAS	GAS	SWD	GAS		GAS	GAS	SWD	SWD	SWD	OIL	10	GAS		GAS	GAS	GAS	GAS	10	OIL	OIL	GAS	OIL	OIL
	Quarter	SE	NE	NE	NE	SE	NF	SW	NE	SE	MN	NE	NN	MN	MN	NE	NE	NE	MN	MN	NE	NE	SE	SE	SE
	Rge	15	15	15	14	15	14	15	15	14	15	14	15	15	15	15	13	13	13	13	14	14	14	15	15
	Twp	32	34	33	35	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33
	Sec	36	34	2	S	25	30	13	25	13	12	19	23	26	26	27	18	18	18	18	13	13	13	25	25
	County	Barber																							
	Depth	3010	4904	4738	4861	5156	5334	5490	5695	5814	5750	4841	8061	5380	6945	5385	9525	4947	5065	4950	4963	5015	4994	5239	5216
Year	Drilled	1977	1965		1965	2012	2006	2007	2007	2012	2008	2012	2012	2013	2011	2013	2014	2014	2013	2012	2014	2014	2014	2012	2012
	API Number	15-007-20565-0000	15-007-30368-0000	15-007-20296-0001	15-007-30146-0000	15-007-23949-0100	15-007-23052-0000	15-007-23209-0000	15-007-23182-0000	15-007-23917-0000	15-007-20809-0001	15-007-23839-0100	15-007-23818-0100	15-007-24073-0000	15-007-23780-0100	15-007-24095-0000	15-007-24182-0100	15-007-24183-0100	15-007-24072-0100	15-007-23963-0100	15-007-24144-0100	15-007-24145-0100	15-007-24164-0100	15-007-23789-0100	15-007-23931-0100
	Well No.	Ę	t-1	1	ц	25-03 HC	102	108	115 SWD	13-09 SWD	142 SWD	19-04H	23-05H	26-02	26-07H	27-12R	3313 18-03HC	3313 18-04HC	3313 18-06HC	3313 18-07HC	3314 13-01HC	3314 13-02HC	3314 13-03HC	HC-3	HC1
	Lease Name	CARR	DAVIS RANCH V	DEGEER	FARLEY MacGREGOR	OSAGE																			