KOLAR Document ID: 1419326

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 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:	ttea 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:	Lease Name:											
Saltwater Disposal Well - Permit No.:												
Spot Location: feet from N / S Line	SecTwp R EW Legal Description of Lease:											
feet from E / W Line												
Enhanced Recovery Project Permit No.:												
Entire Project: Yes No	County:											
Number of Injection Wells **	Production Zone(s):											
Field Name:												
** Side Two Must Be Completed.	Injection Zone(s):											
Surface Pit Permit No.:	feet from N / S Line of Section											
(API No. if Drill Pit, WO or Haul)	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:											
Table operator o Hamo a Address.												
	Date:											
Title:	Signature:											
New Operator's License No.	Contact Person:											
New Operator's Name & Address:	Phone:											
The special of the second seco												
	Oil / Gas Purchaser:											
	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:												
. neconinencea action.	permitted by No.:											
Data	Data											
Date: Authorized Signature	Date:											
DISTRICT EPR	PRODUCTION UIC											

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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	on Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)				
		Circle 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						
		I JL/FINL	LL/ VVL						

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 2014
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) CI	B-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #	Well Location:
Name:	SecTwpS. R 🗌 East 🗌 West
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:	
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:+	_
are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will	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. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted. The locations shown on the plated on the Form C-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, for	orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.
KCC will be required to send this information to the surface). I acknowledge that, because I have not provided this information, the se owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and 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	dling 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 corre	ect to the best of my knowledge and belief.
Date: Signature of Operator or Agent:	Title:

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 disposal wells more fully described on Exhibit A, attached hereto (the "Operated Properties");
- By Assignment of Joint Operating Agreement dated effective as of August 1, 2018, Osage Resources, LLC ("Assignor") assigned all of its interest as operator in the Operated Properties to Ramshorn Resources, LLC, ("Assignee");

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.

OSAGE RESOURCES, LLC

RAMSHORN RESOURCES, LLC

Benjamin W. Crouch, Manager

Benjamin W. Crouch, Manager

Well Type	GAS	GAS	GAS	GAS	GAS	GAS	OIL	GAS	GAS	GAS	GAS	GAS	GAS	OIL	OIL	OIL	OIL	OIL	OIL	GAS	GAS	GAS	OIL	GAS
01	SW	NE	SE	NN	NN	NE	NW	NE	NE	SW	NE	NE	SW	NE	NN	NE	SE	SW						
Dir	15 W	14 W	14 W	14 W	14 W	15 W	14 W	15 W	15 W	14 W	15 W													
Rge	32	33	33	32	33	33	33	33	33	33	33	33	33	33	33	33	33	33	33	32	33	33	33	33
Twp	36	30	r.	31	7	2	36	36	25	24	23	14	1	15	26	18	12	11	19	36	10	24	14	13
Sec																								
County	4981 Barber	5351 Barber	5280 Barber	5420 Barber	5460 Barber	5494 Barber	5550 Barber	5530 Barber	5575 Barber	5556 Barber	5595 Barber	5414 Barber	5492 Barber	5573 Barber	5574 Barber	5480 Barber	5447 Barber	5544 Barber	5416 Barber	5440 Barber	5404 Barber	5316 Barber	5413 Barber	5438 Barber
Year Drillec Year Assun Depth	2002	2006 5	2006 5	2006 5	2011 5	2006 5	2007 5	2007 5	2007 5	2007 5	2007 5	2007 5	2007 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5	2008 5
API Number	15-007-22689-0000	15-007-22569-0001	15-007-23028-0000	15-007-23071-0000	15-007-23089-0001	15-007-23090-0000	15-007-23166-0000	15-007-23146-0000	15-007-23148-0000	15-007-23149-0000	15-007-23227-0000	15-007-23228-0000	15-007-23229-0000	15-007-23250-0000	15-007-23231-0000	15-007-23271-0000	15-007-23273-0000	15-007-23279-0000	15-007-23286-0000	15-007-23287-0000	15-007-23324-0000	15-007-23370-0000	15-007-23379-0000	15-007-23383-0000
Well No.	2-A-36	100	101	103	104	105	106R	107	109	110	111	112	113	114	116	117	118	119	120	121	123	124	125	126
Lease Name	CARR	OSAGE																						