CORRECTION #1

KOLAR Document ID: 1628252

| For KCC Use: | Kansas Corporation Commission |
|-----------------|------------------------------------|
| Effective Date: | OIL & GAS CONSERVATION DIVISION |
| District # | Ole a One Concert will on Division |

SGA?

Form C-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

Yes □ No
NOTICE OF INTENT TO DRILL
Must be approved by KCC five (5) days prior to commencing well

| , | Surface Owner Notification Act, MUST be submitted with this form. |
|---|--|
| Expected Spud Date: month day year | Spot Description: |
| , , | |
| OPERATOR: License# | feet from N / S Line of Section |
| Name: | feet from E / W Line of Section |
| Address 1: | Is SECTION: Regular Irregular? |
| Address 2: | (Note: Locate well on the Section Plat on reverse side) |
| City: | County: |
| Contact Person:Phone: | Lease Name: Well #: |
| Florie | Field Name: |
| CONTRACTOR: License# | Is this a Prorated / Spaced Field? |
| Name: | Target Formation(s): |
| Well Drilled For: Well Class: Type Equipment: | Nearest Lease or unit boundary line (in footage): |
| Oil Enh Rec Infield Mud Rotary | Ground Surface Elevation:feet MSL |
| Gas Storage Pool Ext. Air Rotary | Water well within one-quarter mile: |
| Disposal Wildcat Cable | Public water supply well within one mile: |
| Seismic: # of Holes Other | Depth to bottom of fresh water: |
| Other: | Depth to bottom of usable water: |
| | Surface Pipe by Alternate: I III |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: |
| Operator: | Length of Conductor Pipe (if any): |
| Well Name: | Projected Total Depth: |
| Original Completion Date: Original Total Depth: | Formation at Total Depth: |
| | Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? Yes No | Well Farm Pond Other: |
| If Yes, true vertical depth: | DWR Permit #: |
| Bottom Hole Location: | (Note: Apply for Permit with DWR) |
| KCC DKT #: | Will Cores be taken? |
| | If Yes, proposed zone: |
| AFI | FIDAVIT |
| The undersigned hereby affirms that the drilling, completion and eventual plu | |
| It is agreed that the following minimum requirements will be met: | |
| Notify the appropriate district office <i>prior</i> to spudding of well; | |
| Notify the appropriate district office <i>prior</i> to spudding of well, A copy of the approved notice of intent to drill <i>shall be</i> posted on each | drilling rig: |
| 3. The minimum amount of surface pipe as specified below <i>shall be set</i> | 9 <i>0</i> , |
| through all unconsolidated materials plus a minimum of 20 feet into the | |
| 4. If the well is dry hole, an agreement between the operator and the dist | , |
| 5. The appropriate district office will be notified before well is either plugg | |
| 6. If an ALTERNATE II COMPLETION, production pipe shall be cemente | |
| | 133,891-C, which applies to the KCC District 3 area, alternate II cementing plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing. |
| must be completed within 60 days of the spud date of the world shall be | progged. In an eases, North 1 around office prior to any contenting. |
| | |
| ubmitted Electronically | |
| domitted Electromeany | Demonstrate |
| For KCC Use ONLY | Remember to: |
| | - File Certification of Compliance with the Kansas Surface Owner Notification |
| API # 15 | Act (KSONA-1) with Intent to Drill; - File Drill Pit Application (form CDP-1) with Intent to Drill; |
| Conductor pipe requiredfeetfeet | - File Completion Form ACO-1 within 120 days of spud date; |
| Minimum surface pipe requiredfeet per ALTIII | - File acreage attribution plat according to field proration orders; |
| Approved by: | Notify appropriate district office 48 hours prior to workover or re-entry; |
| This authorization expires: | - Submit plugging report (CP-4) after plugging is completed (within 60 days); |
| (This authorization expires: | - Obtain written approval before disposing or injecting salt water. |
| | - If well will not be drilled or permit has expired (See: authorized expiration date) |
| Spud date: Agent: | please check the box below and return to the address below. |
| • | Well will not be drilled or Permit Expired Date: |

Signature of Operator or Agent:

KOLAR Document ID: 1628252



| For KCC Use ONLY | |
|------------------|---|
| API # 15 | _ |

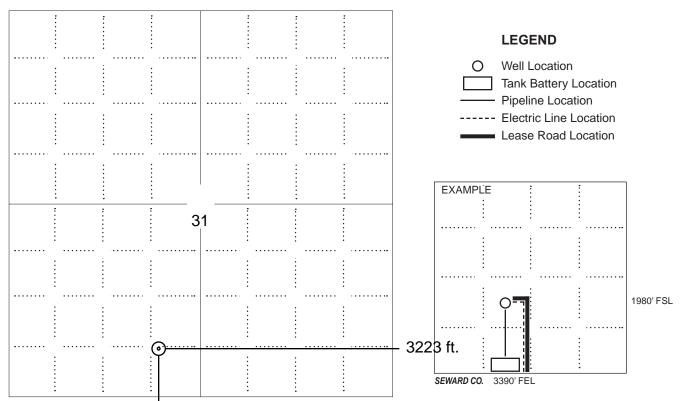
IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

| Operator: | Location of Well: County: |
|--|--|
| Lease: | feet from N / S Line of Section feet from E / W Line of Section Sec. Twp. S. R. E W |
| Number of Acres attributable to well: QTR/QTR/QTR/QTR of acreage: | Is Section: Regular or Irregular |
| | If Section is Irregular, locate well from nearest corner boundary. Section corner used: NE NW SE SW |

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



NOTE: In all cases locate the spot of the proposed drilling locaton.

660 ft.

In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

CORRECTION #1

KOLAR Document ID: 1628252

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

| Operator Name: | | | License Number: | |
|--|--------------------------------|---|--|--|
| Operator Address: | | | | |
| Contact Person: | | Phone Number: | | |
| Lease Name & Well No.: | | | Pit Location (QQQQ): | |
| Type of Pit: | Pit is: | | | |
| Emergency Pit Burn Pit | Proposed Existing | | SecTwpR East West | |
| Settling Pit Drilling Pit | If Existing, date constructed: | | Feet from North / South Line of Section | |
| Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | Pit capacity: | (111) | Feet from East / West Line of Section | |
| | | (bbls) | County | |
| Is the pit located in a Sensitive Ground Water A | rea? Yes | No | Chloride concentration: mg/l (For Emergency Pits and Settling Pits only) | |
| Is the bottom below ground level? Yes No | Artificial Liner? | lo | How is the pit lined if a plastic liner is not used? | |
| Pit dimensions (all but working pits): | Length (fee | et) | Width (feet) N/A: Steel Pits | |
| Depth fro | om ground level to dee | pest point: | (feet) No Pit | |
| If the pit is lined give a brief description of the li material, thickness and installation procedure. | ilei | | dures for periodic maintenance and determining cluding any special monitoring. | |
| Distance to nearest water well within one-mile of pit: Depth to shallo Source of infori | | west fresh water feet. | | |
| feet Depth of water well | feet | measured | well owner electric log KDWR | |
| Emergency, Settling and Burn Pits ONLY: | | Drilling, Worko | ver and Haul-Off Pits ONLY: | |
| Producing Formation: | | Type of materia | al utilized in drilling/workover: | |
| Number of producing wells on lease: Number of wo | | Number of work | vorking pits to be utilized: | |
| Barrels of fluid produced daily: Abandonm | | Abandonment p | procedure: | |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Drill pits must be | | be closed within 365 days of spud date. | | |
| | - | | | |
| Submitted Electronically | | | | |
| KCC OFFICE USE ONLY | | | | |
| Date Received: Permit Numl | ber: | Permi | Liner Steel Pit RFAC RFAS t Date: Lease Inspection: Yes No | |

CORRECTION #1

KOLAR Document ID: 1628252

Kansas Corporation Commission Oil & Gas Conservation Division Form KSONA-1
January 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).

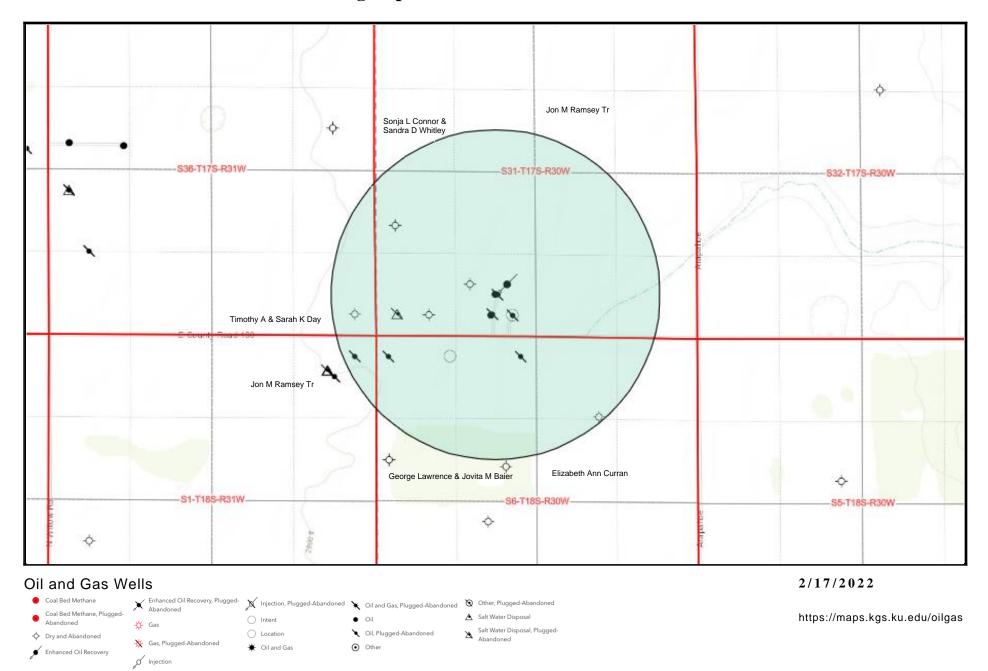
Any such form submitted without an accompanying Form KSONA-1 will be returned.

| Select the corresponding form being filed: C-1 (Intent) CB-1 (C | Eathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application) |
|--|--|
| OPERATOR: License # | Well Location: |
| Name: | SecTwpS. R East |
| 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:+ | |
| the KCC with a plat showing the predicted locations of lease roads, tank | lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. |
| owner(s) of the land upon which the subject well is or will be lo | ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. |
| KCC will be required to send this information to the surface own | eknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. |
| Submitted Electronically | |

Froebe Project



Froebe 2-31 SWD Surrounding Operators



Summary of Changes

Lease Name and Number: Froebe 2-31 OWWO

API/Permit #: 15-101-22125-00-02

Doc ID: 1628252

Correction Number: 1

Approved By: CeLena Peterson 02/25/2022

| Field Name | Previous Value | New Value |
|--|-------------------------------|-------------------------------|
| Number of Feet East or West From Section Line | 3030 | 3223 |
| Number of Feet North or South From Section | 825 | 660 |
| Line Number of Feet East or West From Section Line | 3030 | 3223 |
| Number of Feet North or South From Section | 825 | 660 |
| Line Quarter Call 3 | NE | E2 |
| Quarter Call 4 - Smallest | SW | W2 |
| Feet to Nearest Water Well Within One-Mile of | 344 | 562 |
| Pit KCC Only - Approved By | CeLena Peterson 11/09/2021 | CeLena Peterson 02/25/2022 |
| KCC Only - Approved Date | 11/09/2021 | 02/25/2022 |
| KCC Only - Date Received | 11/09/2021 | 02/25/2022 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---|----------------|-------------|
| KCC Only - Regular Section Quarter Calls | SW NE SE SW | W2 E2 SE SW |
| Quarter Call 3 | NE | E2 |
| Quarter Call 4 - Smallest | SW | W2 |

Summary of Attachments

Lease Name and Number: Froebe 2-31 OWWO

API: 15-101-22125-00-02

Doc ID: 1628252

Correction Number: 1

Approved By: CeLena Peterson 02/25/2022

Attachment Name