## KOLAR Document ID: 1806800

| OIL & GAS CONSE<br>REQUEST FOR CHA<br>TRANSFER OF INJECTION<br>Form KSONA-1, Certification of Compliance w | ATION COMMISSION<br>RVATION DIVISION<br>NGE OF OPERATOR<br>I OR SURFACE PIT PERMIT<br>ith the Kansas Surface Owner Notification Act,                          |  |  |  |  |
|--|---|--|--|--|--|
| Check applicable boxes: MUST be submitted  | ted 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:  |   |  |  |  |  |
| Saltwater Disposal Well - Permit No.:  | Lease Name:   |  |  |  |  |
| Spot Location: feet from N / S Line  |   |  |  |  |  |
| feet from E / W Line   | Legal Description of Lease:   |  |  |  |  |
| Enhanced Recovery Project Permit No.:  |   |  |  |  |  |
| Entire Project: Yes No   | County:   |  |  |  |  |
| Number of Injection Wells**  |   |  |  |  |  |
| Field Name:  | Production Zone(s):   |  |  |  |  |
| ** Side Two Must Be Completed.   | Injection Zone(s):  |  |  |  |  |
| Surface Pit Permit No.:  | feet from N / S Line of Section<br>feet from E / W Line of Section<br>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:  |  |  |  |  |
|  | authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation bove 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: Authorized Signature   | Date:   |  |  |  |  |
|  |   |  |  |  |  |
| DISTRICT EPR F   | PRODUCTION UIC  |  |  |  |  |

Side Two

#### Must Be Filed For All Wells

| * Lease Name: _                       |                              | * Location:                               |                           |                                   |                                      |
|---------------------------------------|------------------------------|---|---------------------------|-----------------------------------|--------------------------------------|
| Well No. API No.<br>(YR DRLD/PRE '67) | API No.<br>(YR DRLD/PRE '67) | Footage from Sec<br>(i.e. FSL = Feet from |                           | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
|                                       |                              | <i>Circle:</i><br>FSL/FNL                 | <i>Circle:</i><br>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: 1806800

#### 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:   Zip:     Contact Person: | If filing a Form T-1 for multiple wells on a lease, enter the legal description of 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<br>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 (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: \_\_\_\_\_\_

## Well Transfer

Triple Crown Operating, LLC (Operator ID: 34876) is transferring the operations of the following wells to Monterey Production Company, LLC (Operator ID: 36138) effective December 20<sup>th</sup>, 2024.

| *****             | 1                                | 1     |             |  |
|-------------------|----------------------------------|-------|-------------|--|
|                   |                                  |       |             |  |
| 15-135-20457-0000 | Boyd Ma SWD (M.A.<br>Boyd) 1 SWD | SWD   | 26 19S 24W  | 4672 FSL   |
|                   |                                  |       | 20 193 244  | 3734 FEL   |
| 15-135-26097-0000 | DARLENE 1-34                     | OIL   | 34 20\$ 21W | 1583 FNL   |
|                   |                                  |       |             | 335 FWL  |
| 15-135-26127-0000 | DARLENE 2-34                     | OIL   | 34 20S 21W  | 1905 FNL   |
| 10 100 20121 0000 |                                  |       | 54 205 2177 | 1130 FWL   |
| 15-135-26160-0000 | DARIENE 3.34                     | OIL   | 34 205 21W  | 2243 FNL   |
|                   | DATELAL 0-04                     | UIL   | 54 205 2177 | 335 FWL  |
| 15-083-22026-0000 | DARVI 1-17                       | OIL   | 17 21S 21W  | 1670 FNL   |
| 10 000 22020 0000 |                                  |       | 17 213 2100 | 335 FEL  |
| 15-083-22036-0000 | ELEANOR 1 16                     | OIL   | 16 21S 21W  | 2310 FNL   |
| 10-000-22000-0000 |                                  |       | 10 213 2100 | 335 FWL  |
| 15-135-25886-0000 | FANSHIER 1-26                    | OIL   | 26 19S 24W  | 330 FNL  |
|                   |                                  |       | 20 193 2400 | 2310 FEL   |
| 15-063-22249-0000 | FL AX 1A-24                      | OIL   | 24 15S 26W  | 330 FSL  |
| 10 000 22240 0000 |                                  |       | 24 100 2000 | 330 FEL  |
| 15-083-21083-0000 | FOREMAN FARM 1-5                 | OIL   | 05 21S 21W  | 347 FSL  |
| 10-000-21000-0000 |                                  |       | 05 215 2100 | 2129 FWL   |
| 15-135-25815-0000 | IORDAN 1.4                       | OIL   | 04 18S 24W  | 308 FSL  |
| 10-100-20010-0000 |                                  |       | 04 103 2477 | 342 FEL  |
| 15-135-25816-0000 | IORDAN 2.4                       | OIL   | 04 18S 24W  | 330 FSL  |
| 10-100-20010-0000 |                                  | UIL   |             | 2310 FEL   |
| 15-135-25963-0000 | MC II INKIN 1-27                 | OIL   | 27 20S 22W  | 2513 FSL   |
| 10 100 20000-0000 |                                  | L'UIL | 21 203 2200 | 475 FWL  |
| 15-135-26190-0000 | MC II INKIN 2.28                 | OIL   | 28 20S 22W  | 2520 FNL   |
| 10 100 20100-0000 | 1000010101111 2-20               |       |             | 270 FEL  |
| 15-083-21915-0000 | MCVICKERS 1-4                    | OIL   | 04 21S 25W  | 2275 FSL   |
|                   |                                  |       | 04 210 20W  | 2257 FEL   |
| 15-135-25964-0001 | RUPP 1-28                        | SWD   | 28 205 22W  | 3860 FSL   |
| 10-100-20904-0001 | NUFF 1-20                        | 1940  | 20 203 2200 | 2455 FEL   |
| 15-135-25817-0000 | SCHWARTZ 1-16                    | OIL   | 16 19S 24W  | 2988 FSL   |
|                   |                                  |       | 10 190 244  | 356 FWL  |
| 15-135-25818-0000 | SHAUERS 1-26                     | OIL   | 26 19S 24W  | 330 FNL  |
|                   |                                  |       |             | 2310 FWL   |
| 15-135-25824-0000 | SHAUERS 2-26                     | OIL   | 26 19S 24W  | 330 FNL  |
| 10-100-20024-0000 | STINUERS 2-20                    |       |             | 1320 FWL   |
| 15-135-25965-0000 | LIEHLING 1-20                    | OIL   | 29 20S 22W  | 1400 FNL   |
|                   |                                  |       |             | 970 FWL  |
| 15-135-26088-0000 | LIEHLING 3-20                    | OIL   | 29 205 22W  | 1140 FNL   |
|                   | 0 1 1 1                          |       | 23 203 2200 | 1760 FWL   |
|                   |                                  |       |             | Contraction of the optimized in the opti |

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Doyle Williams

Triple Crown Operating, LLC

Colby Wilson

Monterey Production, LLC

STATE OF OKlahoma

COUNTY OF Tulsq

Sworn to me on this  $20^{+}$ day of December 2024

Notary Public

RYAN PENDLETO

mmission #21 Expires: 18 Aud

My Commission Expires: 8/18/2025

(SEAL)