KOLAR Document ID: 1828123

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
April 2019
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:	1							
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: SecTwp R EW Legal Description of Lease:							
Saltwater Disposal Well - Permit No.:								
Spot Location:feet from N / S Line								
feet from E / W Line								
Enhanced Recovery Project Permit No.:								
Entire Project: Yes No	County:							
Number of Injection Wells**	Production Zone(s):							
Field Name:	Injection Zone(s):							
** 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:							
	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:							
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 0	Commission. This acknowledgment of transfer pertains to Kansas Corporation							
Commission records only and does not convey any ownership interest in the a	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:	permitted by No.:							
Date:	Date:							
Date: Authorized Signature	Authorized Signature							
DISTRICT	PROPULATION							
DISTRICT EPR I	PRODUCTION UIC							

KOLAR Document ID: 1828123

Side Two

Must Be Filed For All Wells

KDOR Lease No).i		_		
* Lease Name: _			* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
		Circle: FSL/FNL	Circle: 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		
			FEL/FWL _		
			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: 1828123

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1
July 2021
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) C	CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License #					
Name:					
Address 1:	•				
Address 2:	Lease Name: Well #: If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
City:					
Contact Person:	_				
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				
Address 2:	and the same time the same to extend a same and the same and a fitting a same to the same and				
City: State: Zip:+					
	s, tank batteries, pipelines, and electrical lines. The locations shown on the plat red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
☐ I certify that, pursuant to the Kansas Surface Owner N provided the following to the surface owner(s) of the lar Form C-1, Form CB-1, Form T-1, or Form CP-1 that I are	lotice Act (see Chapter 55 of the Kansas Statutes Annotated), I have nd upon which the subject well is or will be located: 1) a copy of the m filing in connection with this form; 2) if the form being filed is a Form by my operator name, address, phone number, fax, and email address.				
the KCC will be required to send this information to the si	r(s). I acknowledge that, because I have not provided this information, urface owner(s). To mitigate the additional cost of the KCC performing d address of the surface owner by filling out the top section of this form ble to the KCC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 han form and the associated Form C-1, Form CB-1, Form T-1, or Form	ndling fee with this form. If the fee is not received with this form, the KSONA-1 in 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:				

BILL OF SALE

Name:	Novy Oil & Gas, Inc.			
Address:	P.O. Box 559			
City:	Goddard	State: KS	Zip:	67052
Seller's Tax	x ID Number: 48-1169228			
yer's (Transfe	ree's) printed name and address	s:		
Name:	Bear Petroleum LLC			
Address	PO Box 438			
City	<u>Haysville</u>	State K	<u>Kansas</u>	Zip <u>67060</u>
eby purchases	s the items described below:			
Well bo	ore only for the following wells	: :		
rst #1 - API#	15-155-02239 – NE NE SW S	ec. 21-T23SR10W – Re	no County, KS	
rst #4 - API#	15-15520949 – S2 NE SW Sec	c. 21-T23S-R10W – Rer	no County, KS	
urst #5 – API#	4 15-155-20996 – W2 SE SW S	Sec. 21-23S-R10W – Res	no County, KS	
urchase Price:	valuable consideration			
Pate of Sale:	2/6/2025			
ELLER SIGNA	ATURE:	DE Mos		
	m/	// > /- /-	<i>x 2</i> 2	

Dated this <u>h</u> day February, 2025.