KOLAR Document ID: 1993354

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:

- [x] Oil Lease: No. of Oil Wells 1 **
- [ ] Gas Lease: No. of Gas Wells _____ **
- [ ] Gas Gathering System: _____
- [ ] 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
  - Number of Injection Wells _____ **

Field Name: Freda

***** Side Two Must Be Completed.***

Effective Date of Transfer: 11/01/2026

KS Dept of Revenue Lease No.: 142058

Lease Name: SCHROPP OWWO 1-34

NE - SW - SW - SW Sec. 34 Twp. 8 R. 28 [ ] E [x] W

Legal Description of Lease:

SW/4 of Section 34-8-28W Sheridan County. KS

County: Sheridan

Production Zone(s): Toronto

Injection Zone(s): _____

Surface Pit Permit No.: _____ *(API No. if Drill Pit, WO or Haul)*

_____ feet from [ ] N / [ ] S Line of Section

_____ feet from [ ] E / [ ] W Line of Section

Type of Pit: [ ] Emergency [ ] Burn [ ] Settling [ ] Haul-Off [ ] Workover [ ] Drilling

Past Operator's License No. 36164

Past Operator's Name & Address: MAD Operators LLC

7 SW 26 AVE GREAT BEND,KS 67530-6525

Title: Authorized KOLAR Agent

Contact Person: Lanny Butner

Phone: (316)253-8081

Date: 10/27/2026

Signature: Kim Schneider

New Operator's License No. 35448

New Operator's Name & Address: Schippers Oilfield Services, LLC

1255 E. US HIGHWAY 24 HOXIE,KS 67740-4171

New Operator's Email: sosllc@ruraltel.net

Title: Authorized KOLAR Agent

Contact Person: Scott Schipper

Phone: (785)675-8974

Oil / Gas Purchaser: MVP

Date: 10/27/2026

Signature: SCOTT SCHIPPERS

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 the new operator and may continue to inject fluids as authorized by Permit No.: _____. Recommended action: _____

Date: _____ _____
Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: _____.

Date: _____ _____
Authorized Signature

DISTRICT _____ EPR 10/27/2026 PRODUCTION _____ UIC _____

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 142058

* Lease Name: SCHROPP OWWO 1-34 * Location: 34-08S-28W

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)
1-34	15-179-20160-00-01	530 FSL	*Circle:* FSL/FNL	550 FWL	*Circle:* FEL/FWL	OIL	IN
			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		
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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.

KOLAR Document ID: 1993354

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) ☐ **CB-1** (Cathodic Protection Borehole Intent) ☒ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

OPERATOR: License # 36164
Name: MAD Operators LLC
Address 1: 7 SW 26 AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Lanny Butner
Phone: (316) 253-8081 Fax: ( )
Email Address: lanny_butner@hotmail.com

Well Location:
NE SW SW SW Sec. 34 Twp. 8 S. R. 28 ☐ East ☒ West
County: Sheridan
Lease Name: SCHROPP OWWO 1-34 Well #: See T1 Side Two

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

SW/4 of Section 34-8-28W Sheridan County. KS

Surface Owner Information:
Name: Randal Farber
Address 1: P.O. Box 773
Address 2:
City: Hoxie State: KS Zip: 67740 + 0773

When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.

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: 10/27/2026 Signature of Operator or Agent: Kim Schneider Title: Authorized KOLAR Agent

MAD OPERATORS, LLC

7 SW 26 AVE.
GREAT BEND, KS 67530
620-793-3051

October 27, 2026

MAD Operating is transferring operations of the lease below to Schippers Oilfield Services LLC. effective November 1, 2026.

Schropp OWWO #1 API# 15-179-20160-00-01 Sheridan Co, KS

Schippers Oilfield Services LLC
Scott Schippers

MAD Operators, LLC
Rashell Patten
Managing Member