

## 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:                                                    | nitted 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 feet from E / W Line                   | SecTwp R E W Legal Description of Lease:                                     |  |  |  |
| Enhanced Recovery Project Permit No.:                                      |                                                                              |  |  |  |
| Entire Project: Yes No                                                     | County: Production Zone(s): Injection Zone(s):                               |  |  |  |
| Number of Injection Wells **                                               |                                                                              |  |  |  |
| Field Name:                                                                |                                                                              |  |  |  |
| ** Side Two Must Be Completed.                                             |                                                                              |  |  |  |
| ciae ino maet de completeur                                                |                                                                              |  |  |  |
| 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:                                                                   |  |  |  |
|                                                                            | o.grado.                                                                     |  |  |  |
| New Operator's License No.                                                 | Contact Person:                                                              |  |  |  |
| '                                                                          |                                                                              |  |  |  |
| New Operator's Name & Address:                                             | Phone:                                                                       |  |  |  |
|                                                                            | Oil / Gas Purchaser:                                                         |  |  |  |
|                                                                            | Date:                                                                        |  |  |  |
| Title:                                                                     | Signature:                                                                   |  |  |  |
|                                                                            |                                                                              |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | n authorization, surface pit permit # has beer                               |  |  |  |
| noted, approved and duly recorded in the records of the Kansas Corporation | n Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |  |
| Commission records only and does not convey any ownership interest in the  | e 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 pi          |  |  |  |
| Permit No.:                                                                | permitted by No.:                                                            |  |  |  |
| . Hoommonded action.                                                       | politimos by No.                                                             |  |  |  |
| Date:                                                                      | Date:                                                                        |  |  |  |
| Authorized Signature                                                       | Authorized Signature                                                         |  |  |  |
| DISTRICT EPR                                                               | PRODUCTION UIC                                                               |  |  |  |
|                                                                            |                                                                              |  |  |  |

Side Two

1361405

#### Must Be Filed For All Wells

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

<sup>\*</sup> 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.



1361405

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) CB-1                                                                                  | (Cathodic Protection Borehole Intent)                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| OPERATOR: License #                                                                                                                           | Well Location:                                                                                                                                                                                                                                            |  |  |
| Name:                                                                                                                                         |                                                                                                                                                                                                                                                           |  |  |
| Address 1:                                                                                                                                    |                                                                                                                                                                                                                                                           |  |  |
| Address 2:                                                                                                                                    | •                                                                                                                                                                                                                                                         |  |  |
| 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:                                                                                                                                    | and the second testing and the second section and the second section as a second section as a second section as                                                                                                                                           |  |  |
| City: State: Zip:+                                                                                                                            |                                                                                                                                                                                                                                                           |  |  |
| the KCC with a plat showing the predicted locations of lease roads, ta<br>are preliminary non-binding estimates. The locations may be entered | nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on 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                                                                                | Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being 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 of                                                                               | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. |  |  |
| If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CI        | ng fee with this form. If the fee is not received with this form, the KSONA-1P-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:                                                                                                         | Title:                                                                                                                                                                                                                                                    |  |  |

## ASSIGNMENT AND BILL OF SALE

This Assignment and Bill of Sale (the "Assignment") is made and executed this \_\_\_\_\_th day of August, 2017, but is effective for all purposes as of the Effective Time (as hereinafter defined).

KNOW ALL MEN BY THESE PRESENTS, that for Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, Dart Cherokee Basin Operating Company, LLC, a Delaware limited liability company, with offices at 600 Dart Rd., P.O. Box 177, Mason, Michigan 48854 and Gas Authority Supplies, LLC, a Georgia limited liability corporation, with offices at 104 Town Park Drive, Kennesaw, GA 30144 (hereinafter individually and collectively referred to as "Assignor") do hereby grant, sell, assign, transfer, and convey unto RedBud Energy Partners, LLC, a Delaware limited liability company, with offices at 16000 Stuebner Airline Road, Suite 320, Spring, Texas 77379 (hereinafter referred to as "Assignee"), of all of each Assignor's right, title and interest in and to the following:

- (a) All right, title and interest of Assignor in and to the oil, gas and mineral leases described on Exhibit A-1 attached hereto and made a part hereof for all purposes (and any ratifications and/or amendments, corrections, renewals or extensions to such leases, whether or not such ratifications, amendments, corrections, renewals or extensions are described on such Exhibit A) insofar as the Leases cover (i) the lands specifically described in Exhibit A, (ii) any other lands described in the leases (the "Leases") even though not described in Exhibit A, and (iii) the lands pooled or unitized with any of said lands or the Wells (collectively, the "Lands");
- (b) All oil and/or gas wells, water injection wells and other injection or disposal wells, temporarily abandoned and permanently plugged and abandoned wells, and all other wells of every nature and kind located on or attributable to the Leases, including all of the wells described on <a href="Exhibit B">Exhibit B</a> (the "Wells");
- (c) Without limitation of the foregoing but subject to Section 1.3 of the PSA, all other right, title and interest (of whatever kind or character, whether legal or equitable, and whether vested or contingent) of Assignor in and to the oil, gas and other hydrocarbons in and under or that may be produced from the Lands, described in any of the Leases (including interests in Leases, overriding royalties, production payments and net profits interests in such lands or such Leases, and fee mineral interests, fee royalty interests, and other interests, if any, insofar as they cover such lands), and from the Wells, even though Assignor's aggregate interest therein may be incorrectly described in, or omitted from, Exhibit A or Exhibit B;
- (d) All rights, titles and interests of Assignor in and to, or otherwise derived from, all presently existing and valid oil, gas, or mineral unitization, pooling, or communitization agreements, declarations, and/or orders and in and to the properties covered and the units created thereby (including all units formed under orders, rules, regulations, or other official acts of any federal, state, or other authority having jurisdiction, voluntary unitization agreements, designations and/or declarations) relating to the properties described in subparagraphs (a) and (b) above;
- (e) All rights, titles, and interests of Assignor in and to the Material E&P Contracts (as defined in the PSA) including, without limitation, the Material E&P Contracts set forth in Section 4.7 of Assignor's disclosure schedule which is attached to the PSA as Exhibit 4, and all other presently existing and valid production sales (and sales related) contracts, exploration agreements, operating agreements, and other agreements and contracts which relate to any of the properties described in subparagraphs (a), (b), (c) and (d) above, or which relate to the exploration, development,

LEASE NUMBER: KS-000203-000037

LESSOR: FULGHUM, JOHN M & JOYCE I

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 3/5/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY 270 567 KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 28: N/2 NE/4; NE/4 NW/4 EXC THE FOLLOWING TRACT:

BEGINNING AT THE NW COR OF NE/4 NW/4, TH S 700', TH E 208.71', TH N  $\,$ 

700', TH W 208.71' TO POB

LEASE NUMBER: KS-000203-000038

LESSOR: SHOAF, CARL R & DELORAS I

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 3/9/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY

270 574 KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 27: NE/4 NE/4, SUBJECT TO RR ROW

LEASE NUMBER: KS-000203-000039

LESSOR: SHOAF, CARL R & DELORAS I

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 3/9/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY 270 631 KANSAS WILSON

DESCRIPTION: T30S R15E, SEC 6: THAT PART OF S/2 NW/4 E OF CO ROAD; THAT PART OF S/2

NE/4 W OF FALL RIVER

LEASE NUMBER: KS-000203-000045

LESSOR: HOLDER, BARBARA J & JAMES M

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 3/30/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY 271 272 KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 36: A TRACT OF LAND 150'X 150', LOCATED AROUND THE

WELLBORE OF THE HOLDER D3-36 SALT WATER DISPOSAL WELL TO BE LOCATED, APPROX, 111' FROM THE S LINE & 2440' FROM THE E LINE OF SEC 36 IN  $\rm W/2$ 

SE/4

T30S R14E, SEC 1: PT OF N/2

LEASE NUMBER: KS-000203-000048
LESSOR: TIMMONS, EUNICE ETAL

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 4/26/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY 276 265 KANSAS WILSON

278 119 RATIFI KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 23: S/2 SW/4

T29S R14E, SEC 26: W/2 W/2 NE/4; E/2 NW/4

LEASE NUMBER: KS-000203-000050

LESSOR: NEILL, GEORGE ELDER TRUST

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 12/20/2004

RECORDING: BOOK PAGE # ENTRY STATE COUNTY

283 402 MEMORA KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 23: SE/4 LESS A TRACT DESCRIBED AS FOLLOWS: BEGINNING

AT THE QUARTER SECTION CORNER ON THE E LINE OF SAID SECTION 23, TH S

 $487\,^{\circ}$  , Th W  $487\,^{\circ}$  , Th N  $487\,^{\circ}$  , Th E  $487\,^{\circ}$  TO POB.

LEASE NUMBER: KS-000203-000051

LESSOR: TWEEDIE, SHARON K & DAVID A

LESSEE: DART CHEROKEE BASIN OPERATING CO, LLC

LEASE DATE: 3/11/2005

RECORDING: BOOK PAGE # ENTRY STATE COUNTY
285 212 MEMORANDIM KANSAS WILSON

285 212 MEMORANDUM KANSAS WILSON

DESCRIPTION: T29S R14E, SEC 27: BEG AT THE SW COR OF NW/4 SW/4, TH E TO N & S HALF

SEC LNE, TH N TO CENTER OF RAINBOW CREEK, TH UP CENTER OF CREEK FOLLOWING THE RIGHT BANK TO THE W LINE OF SAID SECTION, TH S TO POB.

FURTHER DESCRIBED AS: N/2 SW/4; PART OF S/2 S/2 NW/4.

T29S R14E, SEC 28: BEGINNING AT THE SE COR OF NE/4, TH N 20 RODS, M/L TO CENTER OF DITCH, TH W 80 RODS, TH S 20 RODS, M/L TO POINT W OF BEGINNING, THEN E TO BEGINNING, FURTHER DESCRIBED AS PT OF S/2 SE/4

NE/4; NE/4 SE/4.



600 Dart Rd. • P.O. Box 177
Mason, MI +885+
Phone: (517) 676-2900
Fax: (517) 676-5887

211 W. Myrtle Independence, K.5 67301 Phone: (620) 331-7870 Fax: (620) 331-7948

The entire lease assignment from Dart Cherokee Basin Operating Co LLC to RedBud Energy Partners LLC for Wilson County can be found as an attachment to KCC T1 #1359930 G Jensen/Almond 35/36 Sec 35 T30S-R15E.