100110_Wolfe.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 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,

Check Applicable Boxes: MUST be submitte	ed with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 10-01-2010		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 214786		
Gas Gathering System:	Lease Name: Wolfe		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	NE _ SE _ NE _ Sec20 _ Twp27S _ R17 _ V E _ W		
feet from E / W Line	Legal Description of Lease: NE4		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: WILSON		
Number of Injection Wells**	Production Zone(s): Mulky		
Field Name: Buffalo - Vilas	Injection Zone(s):		
Total Control of the	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 Of Drilling		
Type of Pit: Emergency Burn Settling	<u> </u>		
Past Operator's License No. 33344 Exp. 12 /30/10	Contact Person: Stephen L. DeGiusti		
Past Operator's Name & Address: QUEST CHEROKEE, LLC	Phone: 405-702-7420		
210 PARK AVE, STE 2750 OKLAHOMA CITY OK 73102	Date: 3/11/2013		
Title: By PostRock MidContinent Production, LLC, successor by merger,	15120 / 1 to		
Title: By PostRock Energy Services Corporation, its sole member, By Stephen L. D.	Signature:		
New Operators No. 33343			
New Operator's License No. 333431/	Contact Person: Stephen L. DeGiusti		
New Operator's Name & Address:	Phone: 405-702-7420		
POSTROCK MIDCONTINENT PRODUCTION, LLC	Oil / Gas Purchaser: POSTROCK MIDCONTINENT PRODUCTION LLC		
210 PARK AVENUE, STE 2750 OKLAHOMA CITY, OK 73102	Date: 3/11/2013		
Title. By PostRock Energy Services Corporation, its sole member,	Signature: Stepl L. Quent		
Title: By Stephen L. DeGiusti, Secretary and Treasurer	Signature.		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface nit nermit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
Commission records only and does not convey any ownership microst in the	above injection reliquy or preparate		
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:		
Authorized Signature	Authorized Signature		
	PRODUCTION 3.20.13 UIC 3-20-13		
Mail to: Past Operator New Operat	orDistrictRECEIV		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MAR 1 4 2013

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Must Be Filed For All Wells

KDOR Lease	No.: 214786			SEC 20 275 475		
Lease Name: Wolfe		* Location:SEC 20-27S-17E				
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	1520524660	3800 FSL/FNL	330 Circle	GAS	Inactive	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	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			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL				
		FSL/FNL	FEL/FWL			
			FEL/FWL			
				`		
				-		
		FSL/FNL	FEL/FWL			

A separate sheet may be attached if necessary

RECEIVE

^{*}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 lease please indicate which section each well is located.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 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	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 33343 Name: POSTROCK MIDCONTINENT PRODUCTION, LLC Address 1: 210 PARK AVENUE STE 2750 Address 2: City: OKLAHOMA CITY State: OK Zip: 73102 + Contact Person: STEPHEN L. DeGIUSTI Phone: (405) 702-7420 Fax: (405) 815-4315 Email Address:	Well Location: NE_Sec. 20 Twp. 27 S. R. 17 X East West County: WILSON Lease Name: WOLFE Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NE4
Surface Owner Information: Name: Rogers Family Living Trust Address 1: Eldon Rogers, Mary Rogers, and Janice Nicklas Address 2: 4615 S. Birmingham Ave. City: Tulsa State: OK Zip: 74105 +	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.
CP-1 that I am filing in connection with this form; 2) if the form be	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. It (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
	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	
I hereby certify that the statements made herein are true and correct to the Date: 3/11/13 Signature of Operator or Agent:	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA