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, MUST be submitted with this form. Check Applicable Boxes: 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: Kincaid Saltwater Disposal Well - Permit No.: ____ Sec. 19 Twp. 34S R. 14 F W __ feet from N / S Line Legal Description of Lease: S/2 feet from E / W Line Enhanced Recovery Project Permit No.: _ KCC WICHITA Entire Project: Yes No County: Montgomery Number of Injection Wells _ MAY 14 2014 Production Zone(s): Field Name: Wayside-Havana Injection Zone(s):_____ RECEIVED ** Side Two Must Be Completed. Surface Pit Permit No.: Multiple Wells - See Back Page feet from N/ S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Haul-Off Type of Pit: Settling Emergency Burn Workover 33343 Stephen L. DeGiusti Past Operator's License No. Contact Person: _ Phone: 405-702-7420 PostRock MidContinent Production, LLC Past Operator's Name & Address: 210 Park Ave., Suite 2750, Oklahoma City, OK 73102 Title: By PostRock Energy Services Corporation, its sole member, Secretary Contact Person: Randy W. Clark 33712 New Operator's License No. -New Operator's Name & Address: Clark Energy, LLC Phone: 620-330-2110 1198 Rd. 31, Havana, KS 67347 Oil / Gas Purchaser: President Title: Multiple Wells - See Back Page Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 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 . Recommended action: permitted by No.: ____ Date: Authorized Signature Authorized Signature UIC DISTRICT _ Mail to: Past Operator _ New Operator District _

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.: 223191				
* Lease Name: Kincaid		* Location: Sec. 19 T34S R14E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
- 1	15-125-22646	1980 FSL	1980 Circle	Gas	Inactive
<u> </u>	15-125-22733	1980 _{FSL}	1980 FWL	Gas	Inactive
3	15-125-22832	1980 FSL	2640 FWL	Gas	Inactive
✓ <u>K-3</u>	15-125-28451 🗸	1980 FSL	2475 FEL	Gas	Inactive
<u>K-6</u>	15-125-28453	1155 FSL	1650 FEL	Gas	Inactive
✓ <u>K-10</u>	15-12528455	330 FSL	1650 FEL	Gas	Inactive
<u></u>		FSL/FNL	FEL/FWL		.'
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FÉL/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		
	<u> </u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		MAY 1 4 2014
		FSL/FNL	FEL/FWL	CALLA AND AND AND AND AND AND AND AND AND AN	
		F\$L/FNL	FEL/FWL		RECEIVED

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.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1 January 2014 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.

OPERATOR: License # 33343	Well Location:
Name: PostRock MidContinent Production, LLC	
OPERATOR: License # 33343 Name: PostRock MidContinent Production, LLC Address 1: 210 Park Ave., Suite 2750 Address 2:	County: Montgomery
Address 2:	Lease Name: Kincaid Well #: 1, 2, 3, K-3, K-6, K-10
City: Oklahoma City State: OK Zip: 73102	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Stephen L. DeGiusti	the lease below:
Phone: (405) 702-7420 Fax: (405) 600-7770	S/2
Address 1: 210 Park Ave., Suite 2750 Address 2: City: Oklahoma City State: OK Zip: 73102 + Contact Person: Stephen L. DeGiusti Phone: (405) 702-7420 Fax: (405) 600-7770 Email Address: Sdegiusti@pstr.com	
Surface Owner Information:	
Name: Ana Mae Kincaid Revocable Trust	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: Diana M. Sheldon, Successor Trustee Address 2: 5855 Rustick Knolls Drive City: Boulder State: CO Zip: 80301 +	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.
Address 2: 5855 Rustick Knolls Drive	
City: Boulder State: CO Zip: 80301 +	
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat
the KCC with a plat showing the predicted locations of lease roads, ta	
the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice 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 CB-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this
the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of	Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1 or Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form to being filled is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the powner(s). To mitigate the additional cost of the KCC performing this es of the surface owner by filling out the top section of this form and eKCC, which is enclosed with this form.
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

MAY 14 2014