District

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: Effective Date of Transfer: 06/22/16 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: __Knewtson, Harold D Saltwater Disposal Well - Permit No.: ... NW- SE - NE - NE Sec. 1 Twp. 34S R. 18E VE W feet from N/ S Line Legal Description of Lease: NE feet from E / W Line Enhanced Recovery Project Permit No :: _ Labette Entire Project: Yes No Number of Injection Wells _ Production Zone(s): Unknown CHEROKEE BASIN COAL AREA Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1509924411 feet from N / S Line of Section (API No if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit Emergency Settling Haul-Off Workover Drilling 33343 Stephen Moriarty Past Operator's License No. Contact Person: Phone: 405-600-7704 Postrock Midcontinent Production LLC Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Date Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: Contact Person: Jim Allen New Operator's License No. -New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company Oklahoma City, OK 73102 7/11/16 Vice President - Operations Signature: 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 DISTRICT _

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

| KDOR Lease | No.: 231012 | *************************************** | | | |
|---------------|------------------------------|--|-------------|-----------------------------------|--------------------------------------|
| * Lease Name: | Knewtson, Harold D | | * Location: | NW SE NE NE 1-34S-1 | 8E |
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Section (i.e. FSL = Feet from Sout | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |
| 1-1 | 1509924411 | 705 FNL 625 FEL | | Gas | Producing |
| | | FSL/FNL | FEL/FWL | | - |
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| | | 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.

Kansas Corporation Commission Oil & Gas Conservation Division

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 # 35341 | Well Location: |
| Name: River Rock Operating, LLC | NW-SE-NE-NE Sec. 1 Twp. 34S S R. 18E X East West |
| Address 1: 211 North Robinson | County Labette |
| Address 2: Suite 200 | Lease Name: Knewtson, Harold D Well #. 1-1 |
| 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: Jim Allen | the lease below: |
| Phone: (405 \ 606-7481 Fev: (405 \ 606-7483 | NE |
| Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: KNEWTSON, HAROLD D | rf. |
| Name: KNEWTSON, HAROLD D Address 1: KNEWTSON, MARY A Address 2: 884 9000 RD City: ALTAMONT State: KS Zip: 67330 + | EWhen filling 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. |
| the KCC with a plat showing the predicted locations of lease roads, tank | dic Protection Borehole Intent), you must supply the surface owners and 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. |
| Select one of the following: | |
| CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own | 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 ad email address. Eknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and |
| 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 | ee with this form. If the fee is not received with this form, the KSONA-1 will be returned. |
| l hereby certify that the statements made herein are true and correct to t | the best of my knowledge and belief. |
| Date: 7/18/16 Signature of Operator or Agent: | Vice President - Operations Title: |