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: Manners, Alfred E Saltwater Disposal Well - Permit No.: .. N2 - S2 - NE - SE Sec. 35 Twp. 31S R. 18E VE W feet from N / S Line Legal Description of Lease: N2 SE feet from E / W Line Enhanced Recovery Project Permit No.: _ Labette Entire Project: Yes No County: Number of Injection Wells _ Production Zone(s): ARBUCKLE CHEROKEE BASIN COAL AREA Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1509923437 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 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: Jim Allen New Operator's License No. .. Contact Person: KCC WICHITA 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 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 201 DISTRICT -

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.:228240	×	*******		
* Lease Name:	Manners, Alfred E		* Location:N	12 S2 NE SE 35-31S-1	8E
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)
35-1	1509923437 🗸	1823 FSL 502 F	EL	Gas	Producing
3		FSL/FNL	FEL/FWL	(- total district di	-
-	7	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		4 8
		FSL/FNL	FEL/FWL		KCC MICHI
		FSL/FNL			JUL 27 2016
				-	PECEIVE
3,4					
-		FSL/FNL			
		FOUTINL			

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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	<u>N2 - S2 - NE - SE</u> Sec. <u>35</u> Twp. <u>31S</u> S. R. <u>18E</u> ▼ East West		
Address 1: 211 North Robinson	County Labette		
Address 2: Suite 200	Lease Name: Manners, Alfred E Well # 35-1		
City. Oklahoma City State. OK 7ip. 73102	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: N2 SE When filing a Form T-1 involving multiple surface owners, attach an additional		
Contact Person: Jim Allen			
Phone: (405) 606-7481 Fax: (405) 606-7483			
Email Address: jim.allen@riverrockoperating.com	anth		
Surface Owner Information: Name: MANNERS LIV TR, ALFRED E Address 1: MANNERS LIV TR, VIRGINIA Address 2: 22044 UDALL RD City: PARSONS State: KS Zip: 67357 +	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.		
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to 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 owner.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the mer(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	fee with this form. If the fee is not received with this form, the KSONA-1 f will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 7/18/16 Signature of Operator or Agent:	Vice President - Operations		