### 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.	1			
Oil Lease: No, of Oil Wells	Effective Date of Transfer: 06/22/2016			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Gas Gathering System:	Lease Name: _Carlson, Barry L			
Saltwater Disposal Well - Permit No.:	NW_ NE_ NW_ SE_sec. 5 Twp. 28S_R. 17E_ VE_W			
Spot Location: feet from N / S Line	Legal Description of Lease: NW NE NW SE			
feet from LE / W Line	Legal Description of Lease: TWW NE TWV OE			
Enhanced Recovery Project Permit No.:	NACI			
Entire Project: Yes No	County Wilson			
Number of Injection Wells **	Production Zone(s): Bartlesville			
Field Name: Altoona	Injection Zone(s):			
** Side Two Must Be Completed.				
Surface Pit Permit No.:1520528200	feet from N / S Line of Section			
(API No. if Dnill 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 No33343 /	Contact Person: Stephen Moriarty			
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704			
210 Park Ave, Okla. City, OK 73102	Date: 7//3//4			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Truster			
0504	To All			
New Operator's License No. 35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481			
211 N. Robinson, Suite 200	Oil / Gas Purchaser: HollyFrontier Refining & Marketing LICC WICHIT			
Oklahoma City, OK 73102	D-tr 7/11/2016			
Title: Vice President - Operations	Signature: JUL 27 2016			
	RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #_1520528200 has been			
noted, approved and duly recorded in the records of the Kansas Corporation C				
Commission records only and does not convey any ownership interest in the a	bove 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			
Permit No: Recommended action:	permitted by No.:			
Date:	Date:			
10-10-11	RODUCTION 10 (1-16 ACT 1 1 2016)			
Mail to: Past Operator New Operator				

#### Side Two

### Must Be Filed For All Wells

KDOR Lease	<sub>No.:</sub> n/a					
* Lease Name: _Carlson, Barry L		* Location:	* Location:NW NE NW SE 5-28S-17E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Sec (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
5-10	1520528200	2450 FSL 1770	FEL	Oil	Producing	
		FSL/FNL	FEL/FWL			
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		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.

## 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 (inter-	nt) CB-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	NW-NE-NW-SE Sec. 5 Twp. 28S S R. 17E ▼ East West		
Address 1: 211 North Robinson	County: Wilson		
Address 2: Suite 200	Lease Name: Carlson, Barry L Well #. 5-10		
City: Oklahoma City State: OK Zip: 73102	Lease Name: Canson, Barry E vveil # vveil		
	Hamman If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Jim Allen	5 (8) (8) (10) (10) (10) (10) (10) (10) (10) (10		
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-74			
Email Address: jim.allen@riverrockoperating.com	C WICHITA		
	C MIC		
Surface Owner Information:	. 19 1 11110		
Name: Nelson, Raebern & Deadra Trust	JUL 4		
	RECENTING 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		
Address 1:			
City: Chanute State: KS Zip: 66720 +	MANUAL MA		
the KCC with a plat showing the predicted locations of least are preliminary non-binding estimates. The locations may a select one of the following:  I certify that, pursuant to the Kansas Surface Ow owner(s) of the land upon which the subject well is CP-1 that I am filing in connection with this form; 2 form; and 3) my operator name, address, phone not I have not provided this information to the surface of KCC will be required to send this information to the	CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and se roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  The Notice Act (House Bill 2032), I have provided the following to the surface is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form it is the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this number, fax, and email address.  Downer(s). I acknowledge that, because I have not provided this information, the se surface owner(s). To mitigate the additional cost of the KCC performing this and address of the surface owner by filling out the top section of this form and		
that I am being charged a \$30.00 handling fee, pay  If choosing the second option, submit payment of the \$30.  form and the associated Form C-1, Form CB-1, Form T-1,  I hereby certify that the statements made herein are true as	00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.  nd correct to the best of my knowledge and belief.		
Date: 7/11/2016 Signature of Operator or Agent	Vice President - Operations		