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: Oil Lease; No. of Oil Wells Effective Date of Transfer: 06/22/16 Gas Lease: No. of Gas Wells _ 228897 KS Dept of Revenue Lease No .: Gas Gathering System:_ Lease Name: _ Chester L Markham Saltwater Disposal Well - Permit No.: ____ _- <u>NW. NW sec. 18 Twp. 28S R 16E</u> VE W feet from N / S Line Legal Description of Lease: NW NW feet from E / W Line Enhanced Recovery Project Permit No: __ Entire Project: Yes No Wilson County: Number of Injection Wells. Production Zone(s): Cherokee Coals Cherokee Basin Coal Area Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1520526788 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) of ds applia W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling Past Operator's License No. __33343 Stephen Moriarty 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. River Rock Operating, LLC Phone: 405-606-7481 New Operator's Name & Address: 211 N. Robinson, Suite 200 BP Energy Company Oil / Gas Purchaser: Oklahoma City, OK 73102 Title: Vice President - Operations Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___1520526788 has been 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: DISTRICT -Mail to: Past Operator _ **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 228897	VIII V			
* Lease Name:_	Chester L Markham		* Location:N	IW NW 18-28S-16E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Sect (i.e. $FSL = Feet$ from S		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2-18	1520526788	660 FNL 660 FW	/L	Gas	Producing
		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		•
		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 _		
		FSL/FNL	FEL/FWL _		
***************************************		FSL/FNL	FEL/FWL		JUL 27 2016
***		FSL/FNL	FEL/FWL _		JUL 27 2016
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		
		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.

OPERATOR: License # 35341	Well Location:		
OPERATOR: License # 35341 Name: River Rock Operating, LLC 211 North Pobinson			
Address 1: 211 North Robinson			
Address 2: Suite 200	Lease Name: Chester L Markham Well #: 2-18		
City: Oklahoma City State: OK 7:p. 73102	Lease Name: Choste E Markiani Well #. 2-10		
City: Oklahoma City State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description on the lease below:		
Phone: (405) 606-7481 Fax: (405) 606-7483	the lease below: CHIT NW NW 2016 CEVED CONTROL OF THE INVOIVING Multiple surface owners, attach an additional.		
Email Address: jim.allen@riverrockoperating.com	- ALL DAW NW		
Email Address: Jim.alien@hverrockoperating.com	H. J.		
KCO	7 2010		
Surface Owner Information:	NED		
Name: Markham, Chester Leroy & Beverly J	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:15001 1700 RD	 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 		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City BENEDICT State: KS Zip: 66714 +	_		
the KCC with a plat showing the predicted locations of lease roads, t	thodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will b CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To miligate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and		
choosing the second antion, submit payment of the \$30,00 handli	ng fee with this form. If the fee is not received with this form, the KSONA-1		
orm and the associated Form C-1, Form CB-1, Form T-1, or Form C	P-1 will be returned.		