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,

Check Applicable Boxes:	itted with this form.			
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.: 118289 Lease Name: Payne, Dale			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Locationfeet from N / S Line	<u>C . SE. NE _{Sec.} 9 Twp. 27S R. 15E </u>			
feet from E / W Line	Legal Description of Lease. SE NE			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County Wilson			
Number of Injection Wells	Production Zone(s): Bartlesville			
Field Name: Clinesmith				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: 1520523730	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)				
Type of Pit: Emergency Burn Settling	————feet from ☐ E / ☐ W Line of Section Haul-Off ☐ Workover ☐ Drilling			
Past Operator's License No33343 V	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: 7/13/16			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	1 - Toute			
Title:	Signature:			
35341	Jim Allen			
New Operator's License No	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 LLC Received			
Oklahoma City, OK 73102	Date: 7/11/2016 KANSAS CORPORATION COMMISSIO			
Title: Vice President - Operations	Signature:			
	CONSERVATION DIVISION			
Acknowledgment of Transfer. The above request for transfer of injection of	authorization, surface pit permit #1520523730 has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a				
Continues on 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.:			
Dela	Data			
Date:	Date:			
	RODUCTION 10-21-01 UIC 26 2016			
Mail to: Past Operator New Operator				

Side Two

Must Be Filed For All Wells

	No.: 118289					
Darma Dala			*Location: C SE NE 9-27S-15E			
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	
6	1520523730	1982 FNL 670 FE	EL	Oil	Producing	
		FSL/FNL	FEL/FWL	-	-	
	-	FSL/FNL	FEL/FWL	s	-	
*	WARRY CO. T. C.	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	with the contract of the contr	FSL/FNL	FEL/FWL			
	***************************************	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL .			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL .			
Vo. 3 Control (1)		FSL/FNL	FEL/FWL .			
		FSL/FNL				
		FSL/FNL	FEL/FWL _			
		FSL/FNL	FEL/FWL		Received RECEIVED	
SCOORES IN HERIOGRAPHIC CONCRETON MALCONIC		FSL/FNL	FEL/FWL	KANSAS ec	11 2 7 2016	
			FEL/FWL	-2/0	SERVATION DIVISION WICHITA, KS	
		FSL/FNL			MICHINA	
				2007/01/40 et al. (2007)		
		FSL/FNL				

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.

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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) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	
Address 1: 211 North Robinson	County: Wilson
Address 2: Suite 200	Lease Name : Payne, Dale Well #; 6
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
405 606 7481 405 606 7483	SE NE
Email Address: jim.allen@riverrockoperating.com	COWWIZEION
Phone: (403) 600-7401 Fax: (403) 600-7403 Email Address:jim.allen@riverrockoperating.com Received Received	2016 2NDIVISION 2NDIVISION 2NDIVISION 3NDIVISION 3NDIVI
the KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat 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 be	Act (House Bill 2032), I have provided the following to the surface located: 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.
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.
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	g fee with this form. If the fee is not received with this form, the KSONA-1-1 will be returned.
hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.
Date: 7/11/2016 Signature of Operator or Agent:	Vice President - Operations