Kansas Corporation Commission Oil & Gas Conservation Division

//peq /m 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 227878 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Carlson, David L Saltwater Disposal Well - Permit No.: ____ SW. NE . SE . SE Sec. 8 Twp. 28S R. 17E VE W _ feet from N / S Line Legal Description of Lease: SE SE __ feet from __ E / __ W Line Enhanced Recovery Project Permit No :_ Entire Project: Yes No Wilson Number of Injection Wells. Production Zone(s): Cherokee Basin Coal Area Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1520525710 feet from N / S Line of Section (API No if Dnll Pit, WO or Haul) W Line of Section 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 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 Received **BP Energy Company** Oil / Gas Purchaser: Oklahoma City, OK 73102 Title: Vice President - Operations Signature: CONSERVATION DIVISION WICHITA, KS Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___1520525710 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: Authorized Signature Authorized Signature 70 10 DISTRICT

District

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 227878				
* Lease Name: Carlson, David L		* Location:SE SE 8-28S-17E			
Well No.	API No (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Soc		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
8-1	1520525710 🗸	718 FSL 579 FEL		Gas	Producing
		FSL/FNL	FEL/FWL		
(S	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
CALLED MAIN MANUEL	(January 11)	FSL/FNL	FEL/FWL		2 (000)
		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			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		Received
		FSL/FNL	FEL/FWL	KANSAS	Received CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUL -
		FSUFNL		C	ONSERVATION, KS
· · · · · · · · · · · · · · · · · · ·			FEL/FWL _	tive instructivitaisessissississississississississississis	
		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	(Calhodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	SW NE - SE - SE Sec. 8 Twp. 28S S. R. 17E X East West County: Wilson		
Address 1: 211 North Robinson			
Address 2: Suite 200	Lease Name: Carlson, David L Well #: 8-1		
	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen	the lease below:		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address:jim.allen@riverrockoperating.com			
Email Address: jim.allen@riverrockoperating.com	OWW/ISSION		
CAS CORPORATION	a?in		
Surface Owner Information:	on		
	A BIVISION		
Name: Carlson, David L & Mary S	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	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: 18915 WICHITA RD	county, and in the real estate property tax records of the county treasurer.		
City: CHANUTE State: KS Zip: 66720 +			
are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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, at	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		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	fee with this form. If the fee is not received with this form, the KSONA-1		
hereby certify that the statements made herein are true and corred to $% \left(1\right) =\left(1\right) \left(1$	the best of nny kny wledge and belief.		
Date: 7/1/16 Signature of Operator or Agent:	Vice President - Operations		