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:	INTEG WITH THIS FORM.			
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 06/22/16			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 229011			
Gas Gathering System:	Lease Name: _ Engleman, David W.			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from L E / W Line	Legal Description of Lease: NE NW			
☐ Enhanced Recovery Project Permit No.:	MO			
Entire Project: Yes No	County: Wilson Production Zone(s): Cherokee Coals Injection Zone(s):			
Number of Injection Wells**				
Field Name: Cherokee Basin Coal Area				
** Side Two Must Be Completed.				
Surface Pit Permit No.: 1520526738	feet from N / S Line of Section			
(API No rl Drill Pit, WO or Haul)				
Sit ofe . 8/10/10	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No 33343	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: 7/8//6			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Trustee			
	Signature.			
New Operator's License No. 35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC				
211 N. Robinson, Suite 200	VOP			
	Oil / Gas Purchaser: BP Energy Company			
Oklahoma City, OK 73102	Date: 7/1/16 RECEIVED			
Title: Vice President - Operations	Signature:			
	450000000			
Acknowledgment of Transfer: The above request for transfer of injection :				
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.			
in natural and an				
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 2/1	PRODUCTION 02476 DIET 24 2016			
Mail to: Past Operator New Operato	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 229011		*******		
* Lease Name:	Engleman, David W.	* Location. NE NW 2-28S-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)
2-2	1520526738	660 FNL 1980 FWL		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 _		JUL 27 2016
		FSL/FNL	FEL/FWL		JUL 27 2010
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		MARKET CONTROL OF THE
		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.

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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 (Inlent) CB-1	(Cathodic Protection Borehole Intent)			
OPERATOR: License # 35341	Well Location.			
Name: River Rock Operating, LLC	<u>NE-NW_Sec. 2Twp. 28S_S_R_15E</u> XEastWest			
Address 1: 211 North Robinson	County: Wilson			
Address 2: Suite 200	Lease Name: Engleman, David W. Well #: 2-2			
City: Oklahoma City State: OK Zip: 73102 +				
lim Allen	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 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: Engelman, David & Elaine	NE NIW			
Email Address: jim.allen@riverrockoperating.com	TA NE IVV			
CC Mich	40			
27 20	16			
Surface Owner Information: Name: Engelman, David & Elaine Address 1: 17454 2000 RD	IED			
Name: _Engelman, David & Elaine	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			
Address 1: 17454 2000 RD	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 +				
	s 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.			
	poated: 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			
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the ner(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 CC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling to 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 will be returned.			
hereby certify that the statements made herein are true and correct to	the best of the knowledge and belief.			
Date: 7/1/16 Signature of Operator or Agent:	Vice President - Operations			
Sales. Signature of Operator of Agent,	1100.			