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: Effective Date of Transfer: 06/22/16 Oil Lease: No. of Oil Wells _ Gas Lease: No. of Gas Wells ____1 KS Dept of Revenue Lease No .: Gas Gathering System:_ Lease Name: _ Brown, Doyle C Saltwater Disposal Well - Permit No.: __ NE_ SE_sec. 32 Twp. 28S_R. 16E__VE__W feet from N / S Line Spot Location: Legal Description of Lease: NE SE feet from F / W Line Enhanced Recovery Project Permit No.: Wilson Entire Project: Yes No 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.: ___1520526550 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) it cra alla in feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling KHI 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 Date: Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: Jim Allen New Operator's License No. -Contact Person: Received KANSAS CORPORATION COMMISSION New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 BP Energy Company Oil / Gas Purchaser: Oklahoma City, OK 73102 CONSERVATION DIVISION Date: WICHITA, KS Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1520526550 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 Sianature DISTRICT . Mail to: Past Operator New Operator District

Side Two

Must Be Filed For All Wells

New Name Brown, Doyle C
(YR DRID/PRE '67) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA/D/Abandoned 32-4 1520526550 2015 FSL 671 FEL Gas Producing FSL/FNL FEL/FWL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FEL/FWL
FSL/FNL FEL/FWL
FSL/FNL FEL/FWL
FSL/FNL FEL/FWL
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FSU/FNL FEL/FWL STON DIVISION
CONSERVATION KS WICHITA. KS FSL/FNL FEL/FWL
FSL/FNL FEL/FWL
FSL/FNLFEL/FWL
FSL/FNLFEL/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

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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 (Inleni) CB-1 (C	Calhodic Protection Borehole Intent) X 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: Brown, Doyle C Well #: 32-4
City Oklahoma City State: OK Zip 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
o Jim Allen	
Phone: (405) 606-7481 Fax: (405) 606-7483	
Email Address: _jim.allen@riverrockoperating.com _sived_ohillissich	
Email Address: Jim.alien@nverrockoperating.com	
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com eived commission Surface Owner Information: Name: Brown, Doyle C Address 1: CONSENIATION DIVISION Address 2: 912 CANTURBURY DR	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 owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
City: COLUMBIA State: MO Zip: 65203 +	, , , ,
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Accowner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner(s) that I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCC.	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this d email address. It is considered 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
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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 concect to the	he best of my Knowledge and belief.
	Vice President - Operations
Date:Signature of Operator or Agent:	Title: