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.

Effective Date of Transfer: 06/22/2016 KS Dept of Revenue Lease No.: Lease Name: ERBE LIVING TRUST SWD
feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling
Contact Person: Stephen Moriarty Phone: 405-600-7704 Date: Tisken Signature: Tisken
Contact Person: Jim Allen Phone. 405-606-7481 Oil / Gas Purchaser: JUL 27 2016 Date: 07/11/2016 Signature: RECEIVED
authorization, surface pit permit #1520525861has been Commission. This acknowledgment of transfer pertains to Kansas Corporation above injection well(s) or pit permit.
the new operator of the above named lease containing the surface pit permitted by No.:

Side Two

Must Be Filed For All Wells

* Lease Name: ERBE LIVING TRUST SWD		* Location:	W NW 30-29S-17E		
Well No.	API No (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Sc FSL = V	on Line outh Line) 470 FE	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
30-1	1520525861	846 FNL 784 FWI	_	INJ	Active
(<u>1111)</u> (FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
<u> </u>		FSL/FNL	FEL/FWL		1
		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		<u> </u>
		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 _		Arrows (Account to the Control of th
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL _		RECEIVED
		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.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 35341	Well Location.
Name: River Rock Operating, LLC	<u>NW-NW_Sec. 30Twp. 29S_SR. 17E</u> X_EastWest
Address 1: 211 North Robinson	County: Wilson
Address 2: Suite 200	Lease Name: ERBE LIVING TRUST SWD Well #: 30-1
City: Oklahoma City State: OK Zip. 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o
Contact Person: Jim Allen	the lease below:
Phono: (405) 606-7481 Fax: (405) 606-7483	NW NW
Email Address: jim.allen@riverrockoperating.com	ATI
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: 19106 800 RD	county, and in the real estate property tax records of the county treasurer.
City: ALTOONA State: KS Zip: 66710 +	
the KCC with a plat showing the predicted locations of lease roads, tank	idic Protection Borehole Intent), you must supply the surface owners and k 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.
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, a	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
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the yner(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 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-	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: 07/11/2016 Signature of Operator or Agent:	Vice President - Operations