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:	IUST be submitted 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.:
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	3 Life
feet from E /	50000000
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County Wilson
Number of Injection Wells**	Production Zone(s): Bartlesville
Field Name: Altoona	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: 1520528137	faction N/ C C transcour
(API No. It Drill Pit, WO or Haul)	feet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Sett	C C C C C C C C C C C C C C C C C C C
Past Operator's License No33343 ✓	Contact Person: Stephen Moriarty
Past Operator's Name & Address: Postrock Midcontinent Produ	
210 Park Ave, Okla. City, OK 73102	Date: 7/13/10 Received KANSAS CORPORATION COMMISSION
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontin	nent Prod Signature: JUL 27 2016
New Operator's License No. 35341	CONSERVATION DIVISION Contact Person:
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
Oklahoma City, OK 73102	Date: 7/11/2016 \ 1
Title: Vice President - Operations	Signature:
Acknowledgment of Transfer: The above request for transfe	r of injection authorization, surface pit permit #1520528137 has been
	Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership in	50° 70° 10° 10° 10° 10° 10° 10° 10° 10° 10° 1
is acknow	vledged as is acknowledged as
the new operator and may continue to inject fluids as auth	norized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	
	pointed by ito.
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 10/24	1/16 PRODUCTION [0-25 Q OGG 25 70 10
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	The state of the s				
* Lease Name Estes Rev Trust			* Location:	SW SE NE SE 4-29S-1	6E
Well No.	AP! No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
4-2	1520528137	1360 FSL 550 F	EL	Oil	Producing
A4444444444444444444444444444444444444		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		\
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		44
		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	Receive KANSAS CORPORATIO	ed N COMMISSION
		FSL/FNL	FEL/FWL	** **	2016
***************************************		FSL/FNL	FEL/FWL	CONSERVATION (DIVISION
***************************************		FSL/FNL	FEL/FWL		
***************************************		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.

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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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	SW - SE - NE - SE Sec. 4 Twp. 29S S. R. 16E ▼ East West		
Address 1: 211 North Robinson	County: Wilson		
Address 2: Suite 200	Lease Name: Estes Rev Trust Well #: 4-2		
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:		
	SW SE NE SE		
Email Address: jim.allen@riverrockoperating.com	d COMMISSION		
Surface Owner Information: Name: Estes, Barbara A, Trust	5016		
Surface Owner Information:	RIVISION		
Name: Estes, Barbara A. Trust	ON DIVISION ON DIV		
	owner information can be found in the records of the register of deeds for the		
Address 2: 0 Quinter Road	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	dic Protection Borehole Intent), you must supply the surface owners and a 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.		
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 I have not provided this information to the surface owner(s). I acked will be required to send this information to the surface owner.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Deing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Ocknowledge that, because I have not provided this information, the ener(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 of the second option, submit payment of the \$30.00 handling of the form CP-1.	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
hereby certify that the statements made herein are true and correct to			
Date: 7/11/2016 Signature of Operator or Agent:	Vice President - Operations Title:		