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: MUST be subm	nitted 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.: 227689
Gas Gathering System:	Lease Name: _ Carter, Gale D
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	Lancas La
feet from E / W Line	Legal Description of Lease: NE SE
Enhanced Recovery Project Permit No:	
Entire Project:Yes No	County: Wilson
Number of Injection Wells	Production Zone(s): Multiple
Field Name: Cherokee Basin Coal Area	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: 1520526529	tolton DN/D0/
RY CLO (API No 11 Drill Pit, WO or Haul)	feet from N / S Line of Section
, ol.	feet fromE /W Line of Section
Type of Pit: 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: 7/4/1/6
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Trootee
New Operator's License No	Contact Person: Jim Allen Received
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 Received Commission Kansas Corporation Commission
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy Company JUL 27 2015
Oklahoma City, OK 73102	Date: 7/1/16 CONSERVATION DIVISION
Title: Vice President - Operations	Signature: WICHITA. KS
	Signature,
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit #1520526529 has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	0 m
T	
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:
Authorized Signature	Authorized Signature
/ /	RODUCTION (O) C(T) G GC 1 2010
Mail to: Past Operator New Operator	District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 227689		-		
* Lease Name:	Carter, Gale D		Location:	IE SE 24-28S-16E	
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)
24-2	1520526529	2065 FSL 667 FEL		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 _		Received SAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL	KAN	ISAS CORPORATO
		FSL/FNL	FEL/FWL _		CONSERVATION DIVISION
		FSL/FNL	FEL/FWL _		CONSERVATION KS
		FSL/FNL	FEL/FWL _		-
		FSL/FNL	FEL/FWL _	700000000000000000000000000000000000000	
		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.

	(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	
Address 1: 211 North Robinson	County: Wilson
Address 2: Suite 200	Lease Name: Carter, Gale D Well #: 24-2
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:
Contact Person: Jim Allen Phone. (405) 606-7481	
Email Address:lim.aiien@riverrockoperating.com	M16810P4
Surface Owner Information: Name: Carter, Gale D & Retha M Address 1: Address 2: 20966 1500 RD	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.
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
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 loce 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, and	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form peing 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 rner(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 CCC, which is enclosed with this form.
f 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-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 my knowledge and belief.
Date: 7/1/16 Signature of Operator or Agent:	Vice President - Operations