### 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: Oil Lease: No. of Oil Wells \_\_\_ Effective Date of Transfer: 06/22/16 Gas Lease: No. of Gas Wells 1 228637 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: <u>Larson</u>, J A Saltwater Disposal Well - Permit No.: \_\_ - SE - SW Sec. 8 Twp. 28S R. 17E ✓ E W Spot Location: \_\_\_\_\_\_ feet from N / S Line Legal Description of Lease: SE SW feet from E / W Line ☐ Enhanced Recovery Project Permit No ::\_ Entire Project: Yes No Wilson Number of Injection Wells \_ Production Zone(s): Cherokee Coals Cherokee Basin Coal Area Injection Zone(s):\_\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_\_\_1520527048 feet from N / S Line of Section (API No if Drill Pit, WO or Haul) Type of Pit: W Line of Section Emergency Burn Settling Haul-Off Workover Drilling 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:.. Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: Contact Person: Jim Allen New Operator's License No. New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 Paggived KANSAS CORPORATION COMMISSION 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company Oklahoma City, OK 73102 7/8/16 Vice President - Operations Signature: WICHITA, KS Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_\_\_1520527048 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: Date: Authorized Signature

DISTRICT ....

Mail to: Past Operator \_

PRODUCTION

District

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:_	Larson, J A	* Location: SE SW 8-28S-17E			
Well No	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)  660 FSL 1980 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned Producing
8-1	1520527048 /				
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	2	
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		-	FEL/FWL	CONSE	RVATION DIVISION WIGHITA, KS
					WIGHTALIC
		FSL/FNL			-
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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 (Ca	alhodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	<u>SE-SW_Sec. 8Twp. 28S_S</u> . R. <u>17E</u> <b>X</b> EastWest		
Address 1: 211 North Robinson	County: Wilson		
Address 2: Suite 200	Lease Name: Larson, J A Well #: 8-1		
City: Oklahoma City State: OK Zip: 73102 +	If liling a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Jim Allen	the lease below:		
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	SE SW		
Email Address:iim.allen@riverrockoperating.com	SE SW		
Possived			
MANSAS CORPORATION COMMIS	SION		
Surface Owner information.			
Name: Grady, James A & Evelyn L	When filing a Form T-1 involving multiple surface owners, attach an additional is 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 1: 22094 1800 RD CONSERVATION DIVISION WICHITA, KS			
Address 2: WICHTA, NO	county, and in the real estate property tax records of the county treasurer.		
City: CHANUTE State: KS Zip: 66720 +			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank the are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat		
<ul> <li>✓ I certify that, pursuant to the Kansas Surface Owner Notice Accowner(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 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 own task, 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.</li> </ul>	cated: 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 d email address.  It is a copy of the Form CB-1, the plat(s) required by this d email address.  It is a copy of the Form CB-1, the plat(s) required by this d email address.  It is a copy of the Form CB-1, the plat(s) required by this address.  It is a copy of the Form CB-1, the plat(s) required by this address.		
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-1			
I hereby certify that the statements made herein are true and correct to the statement of Operator or Agent.	he best of my knowledge and belief.  Vice President - Operations		