District

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 _ 232571 KS Dept of Revenue Lease No .: Gas Gathering System:_ Lease Name: Grady, James A Saltwater Disposal Well - Permit No .: _ - SE - NW sec. 5 Twp. 28S R 17E ✓E W feet from N/S Line Legal Description of Lease: SE NW feet from E / W Line Enhanced Recovery Project Permit No :: _ Wilson Entire Project: Yes No County: Number of Injection Wells Production Zone(s): Cherokee Cherokee Basin Coal Area Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ____1520527903 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Burn Settling Haul-Off KH L Emergency Workover Drilling Stephen Moriarty Past Operator's License No. Contact Person: Postrock Midcontinent Production LLC 405-600-7704 Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: New Operator's License No. 35341 Contact Person: Jim Allen KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company JUL 27 2016 Oklahoma City, OK 73102 7/1/16 RECEIVED Vice President - Operations Signature: 1520527903 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ has been 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by _____ . Recommended action permitted by No.: __ Date: Date: Authorized Signature Authorized Signature

DISTRICT ______Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

| KDOR Lease I | No.: 232571 | | | | |
|------------------------------------|---|--|-----------|---|---|
| * Lease Name: Grady, James A | | * Location: SE NW 5-28S-17E | | | |
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) 1980 FNL 1980 FWL | | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |
| 5-2 | 1520527903 | | | Gas | Producing |
| | - | FSL/FNL | FEL/FWL | - | TA VIOLENCE CO. 1 |
| , | | FSL/FNL | FEL/FWL | | |
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| | | FSL/FNL | FEL/FWL | | |
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| | | FSL/FNL | FEL/FWL | *************************************** | |
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| | | FSL/FNL | FEUFWL | V | |
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| 1200001131004000304400192299440010 | 10000 | FSL/FNL | _ 6 | | WOC MICH. |
| | | | | | KCC MICHAEL |
| | | FSL/FNL | FEL/FWL | | RECEIVED |
| | | FSL/FNL | | | |
| | | FSL/FNL | | | |

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 (inlent) CB-1 (c | Cathodic 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: Grady, James A Well #. 5-2 | | |
| 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: SE NW | | |
| Contact Person: Jim Allen | | | |
| City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483 | | | |
| | | | |
| Surface Owner Information: Name: Grady, James A & Evelyn L Address 1: 22094 1800 RD Address 2: City: CHANUTE Surface Owner Information: Surface Owner Information: KCC WICHITA KCC WIC | 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. | | |
| 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: | batteries, pipelines, and electrical lines. The locations shown on the plat | | |
| 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, an I have not provided this information to the surface owner(s). I acl KCC will be required to send this information to the surface own | 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 diemail address. knowledge that, because I have not provided this information, the her(s). To mitigate the additional cost of the KCC performing this bot 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 | | | |
| hereby certify that the statements made herein are true and correct to the | he best of my knowledge and belief. | | |
| Date: 7/1/16 Signature of Operator or Agent: | Vice President - Operations Title: | | |