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 submiffed with this form

Check Applicable Boxes.	ntea with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:06/22/2016 KS Dept of Revenue Lease No.:n/a Lease Name:Grady, James A NWNESENWSec5Twp. 28SR. 17EVEW		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Locationfeet from N / S Line			
feet from LE / W Line	Legal Description of Lease: NW NE SE NW		
Enhanced Recovery Project Permit No.:	N/C		
Entire Project: Yes No	County Wilson Production Zone(s): Bartlesville Injection Zone(s):		
Number of Injection Wells **			
Field Name:Altoona			
** Side Two Must Be Completed.			
Surface Pit Permit No.: 1520528077	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haut)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling]		
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:		
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: The Job Lew		
	KANSAS COPPORATION CONTRACTOR		
New Operator's License No. 35341	Contact Person: Jim Allen IIII 2 7 2040		
New Operator's Name & Address: _River Rock Operating, LLC	301 27 2010		
211 N. Robinson, Suite 200	Oil / Gas Purchaser: HollyFrontier Refining & Marketing Heb. KS		
Oklahoma City, OK 73102	Date: 7/11/2016		
Title: Vice President - Operations			
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit #_1520528077 has been		
noted, approved and duly recorded in the records of the Kansas Corporation C			
Commission records only and does not convey any ownership interest in the al	bove injection well(s) or pit permit.		
is acknowledged as	is color and also al		
the new operator and may continue to inject fluids as authorized by	is acknowledged as		
* · · · · · · · · · · · · · · · · · · ·	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		
DISTRICT EPR /0/34/16 PR	RODUCTION 102576 UC 25 2016		
Mail to: Past Operator New Operator	District		

Side Two

Must Be Filed For All Wells

KDOR Lease	_{No.:} n/a				
* Lease Name: Grady, James A		* Location:N	*Location: NW NE SE NW 5-28S-17E		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Sect (i.e. FSL = Feet from S		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA [*] D/Abandoned
5-3	1520528077 🗸	1325 FNL 2020 FWL		Oil	Producing
(FSL/FNL	FEL/FWL		***************************************
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS CORPORATION CON	
		FSL/FNL	FEL/FWL	JIII 27 203	
		FSL/FNL	FEL/FWL	CONSERVATION DIVISION WIGHTA KS	r
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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.

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)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	NW-NE-SE-NW Sec. 5 Twp. 28S S. R. 17E ▼ East West		
Address 1: 211 North Robinson	County. Wilson		
Address 2: Suite 200	Lease Name: Grady, James A Well #: 5-3		
City: Oklahoma City State: OK Zip: 73102 +			
lim Allon	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (405) 606-7481 Fax: (405) 606-7483	NW NE SE NW		
Email Address: jim.allen@riverrockoperating.com	COMMISSION		
Recention Recention	adb		
Address 1:	ON VS (IV) 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		
Address 2: 22094 1800 Road	county, and in the real estate property tax records of the county treasurer.		
City: Chanute State: KS Zip: 66720 +			
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 be form; and 3) my operator name, address, phone number, fax, ar I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner(s).	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 and email address. Exhowledge that, because I have not provided this information, the ner(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 to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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: 7/11/2016 Signature of Operator or Agent:	Vice President - Operations Title:		