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:	naed wan and 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.: 229406			
Gas Gathering System:	Lease Name: <u>Nelson, Janice</u> <u>NE_ NW_Sec. 32_ Twp. 28S_R. 15E_ </u> ✓ E W			
Saltwater Disposal Well - Permit No				
Spot Location: feet from N / S Line	Legal Description of Lease: NE NW			
feet fromE /W Line	Legal Description of Lease.			
Enhanced Recovery Project Permit No:	Country Wilson			
Entire Project: Yes No Number of Injection Wells **	County:			
Charakan Basin Casl Area	Production Zone(s):			
** Side Two Must Be Completed.	Injection Zone(s):			
Side two must be completed.				
Surface Pit Permit No.: 1520526674	feet from N / S Line of Section			
(API No fl Drill Pit, WO or Haul)	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
33343	Stephen Moriarty			
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: 7/8/16			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Truster			
New Operator's License No. 35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481			
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy Company			
Oklahoma City, OK 73102	Date: 7/6/16 JUL 2 7 2016			
Title: Vice President - Operations	Signature: RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1520526674has been			
	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.			
	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			
12 To 48 To 30 To	PRODUCTION 1012/16 DENT 12/2016			
Mail to: Past Operator New Operato	or District			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 229406				
* Lease Name: _	Nelson, Janice		* Location:N	NE NW 32-28S-15E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 663 FNL 1994 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
32-1	1520526674 🗸			Gas	Producing
S	-	FSL/FNL	FEL/FWL		8
	Manage	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	#4000000000000000000000000000000000000	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		
					KCC WICHITA
					RECEIVED

		FOLIFINE			

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

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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.

35341	
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	NE - NW Sec. 32 Twp. 28S S. R. 15E 🗶 East West
Address 1: 211 North Robinson	County: Wilson
Address 2: Suite 200	Lease Name: Nelson, Janice Well #: 32-1
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:
Phone: (405) 606-7481 Fax: (405) 606-7483	NE-N//
Email Address:jim.allen@riverrockoperating.com KCC \	MICHER
JUL	2 7 2016
Surface Owner Information:	CEIVED
Name: Nelson, Janice & Larry Rev; Nelson Linda L &	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 10272 1400 RD	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:	county, and in the real estate property tax records of the county treasurer.
City: FREDONIA State: KS Zip: 66736 +	
the KCC with a plat showing the predicted locations of lease roads, tale are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this sof 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.
hereby certify that the statements made herein are true and contrect to	the best of my khowledge and belief.
	Vice President - Operations
Pate: 7/6/16 Signature of Operator or Agent:	A // \