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 223790 KS Dept of Revenue Lease No. Gas Gathering System:_ Lease Name: Stich, John R Saltwater Disposal Well - Permit No.: __ _ NE _ NW sec. 15 Twp. 29S R 17E VE W feet from N / S Line Legal Description of Lease: NE NW feet from E / W Line Enhanced Recovery Project Permit No.:. Entire Project: Yes No Wilson County: Number of Injection Wells Production Zone(s): Mississippi Cherokee Basin Coal Area Field Name Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1520525375 feet from N / S Line of Section (API No it Drill Pit, WO or Haul) 27 26. 8/10/14 feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off 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 Contact Person: Jim Allen New Operator's License No. 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 7/8/16 Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1520525375 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. Authorized Signature Authorized Signature DISTRICT _ Mail to: Past Operator **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 223790				
* Lease Name:	Stich, John R		* Location:	IE NW 15-29S-17E	
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)
15-1	1520525375	595 FNL 1995 FWL		Gas	Producing
		FSL/FNL	FEL/FWL	8	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
	-	FSL/FNL	FEL/FWL		4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		-	FEL/FWL		TINCHITA
			FEL/FWL	K	JUL 27 2016
			FEL/FWL	N. Carlotte	RECEIVED
		FSL/FNL	•••••••••••••••••••••••••••••••••••••••	***************************************	RECEIVE
		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.

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) 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: Stich, John R Well #: 15-1		
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:		
Contact Person: Jim Allen			
City: Oklahoma City State: OK Zip: 73102 + - Contact Person: Jim Allen Phone. (405) 606-7481 Fax. 606-7483	NE NW		
Email Address:jim.allen@riverrockoperating.com	ockoperating.com		
Surface Owner Information:	JEWhen 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	dic Protection Borehole Intent), you must supply the surface owners and k 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. Act (House Bill 2032). I have provided the following to the surface		
owner(s) of the land upon which the subject well is or will be lo	ocated: 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		
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the vner(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.		
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-	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 correct/to	the best of my knowledge and belief.		
Date: 7/8/16 Signature of Operator or Agent:	Vice President - Operations		