Authorized Signature

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: Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells ___1 227832 KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: Kirk Living Trust Saltwater Disposal Well - Permit No.:. - NE - SW Sec. 16 Twp. 28S R. 16E VE W _ feet from N / S Line Legal Description of Lease: NE SW feet from E / W Line Enhanced Recovery Project Permit No ::_ Wilson Entire Project: Yes No County: Number of Injection Wells Production Zone(s): Cherokee Coals Cherokee Basin Coal Area Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1520526695 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) 27 05. 8/10/16 feet from W Line of Section KH ~ Type of Pit: Settling Haul-Off Emergency Burn Workover Drilling 33343 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: Contact Person: ____Jim Allen New Operator's License No. .. New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 KCC WICHITA 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company JUL 27 2016 Oklahoma City, OK 73102 Date: ___7/1/16 RECEIVED Vice President - Operations Signature: 1520526695 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit permitted by No.: ___ Date:

PRODUCTION

Authorized Signature

DISTRICT ---

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

Lease Name: Kirk Living Trust		* Location: NE SW 16-28S-16E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 2084 FSL 1972 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned) Producing
16-2	1520526695				
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		RECEIVED
		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	NE - SW Sec. 16 Twp. 28S S R. 16E X East West		
Name: River Rock Operating, LLC Address 1: 211 North Robinson			
Address 2: Cano 200	Lease Name: Kirk Living Trust Well #. 16-2		
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:		
Contact Person: Jim Allen			
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	NE SW		
Email Address: jim.allen@riverrockoperating.com			
Surface Owner Information: JUL 2 7 201	6		
Name: Kirk, Keith & Joyce Lv Tr	D When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 2514 GREEN MEADOW CR Address 2:	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: WICHITA State: KS Zip: 67205 +			
	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loce. 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 acked 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 leing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Eknowledge 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			
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief. Vice President - Operations		
Date: 7/1/16 Signature of Operator or Agent:	Title:		