### Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 \_ 228869 KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: Harvey, Leonard H Saltwater Disposal Well - Permit No.: -\_\_\_ W2\_ NE\_sec. 32\_Twp. 27S\_R\_16E\_VET W feet from N / S Line Legal Description of Lease: W2 NE feet from E / W Line Enhanced Recovery Project Permit No :: \_ Wilson Entire Project: Yes No Number of Injection Wells \_ Production Zone(s): Cherokee Coals Cherokee Basin Coal Area Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_\_\_1520527017 feet from N / S Line of Section (API No if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Haul-Off Emergency Settling Workover Drilling 246 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 Received New Operator's License No. 35341 v Jim Allen Contact Person: New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company CONSERVATION DIVISION WICHITA, KS Date: \_\_\_7/1/16 Oklahoma City, OK 73102 Vice President - Operations Signature: 1520527017 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ 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 -PRODUCTION Mail to: Past Operator New Operator

District

#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease                              | No.:228869   |  | of Address A |   |   |
|---|--|--|--------------|---|---|
| * Lease Name;                           | Harvey, Leonard H  |  | * Location:V | V2 NE 32-27S-16E                        |   |
| Well No.                                | API No<br>(YR DRLD/PRE '67)  | Footage from Section Line (i.e. FSL = Feet from South Line)  1320 FNL 1980 FEL |              | Type of Well<br>(Oil/Gas/INJ/WSW)       | Well Status<br>(PROD/TA'D/Abandoned     |
| 32-1                                    | 1520527017 🗸   |  |              | Gas                                     | Producing                               |
| *************************************** |  | FSL/FNL _  | FEL/FWL      |   |   |
|   |  | FSL/FNL  | FEL/FWL      |   | -                                       |
| <u> </u>                                |  | FSL/FNL  | FEL/FWL      |   | -                                       |
|   | Vertical Control Contr | 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 .    |   |   |
|   |  | 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      |   | Received Received                       |
|   |  | FSL/FNL  | FEL/FWL      | KA                                      | Received NSAS CORPORATION COMMISSION    |
|   |  | FSL/FNL  | FEL/FWL      |   | JUL 2 / ZUID                            |
| 14044444                                |  | FSL/FNL  | FEL/FWL _    |   | CONSERVATION DIVISION WICHITA, KS       |
|   |  | FSL/FNL  | FEL/FWL      |   |   |
|   |  | FSL/FNL  | FEL/FWL      |   |   |

A separate sheet may be attached if necessary

<sup>\*</sup> 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 (Intoni) CB-1   | (Calhodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)   |  |  |
|--|--|--|--|
| OPERATOR: License # 35341  | Well Location.   |  |  |
| Name: River Rock Operating, LLC  | <u></u>  |  |  |
| Address 1. 211 North Robinson  | County: Wilson   |  |  |
| Address 2. Suite 200   | Lease Name: Harvey, Leonard H Well #: 32-1   |  |  |
| Address 2: Suite 200  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 o the lease below:   |  |  |
| 105 000 7101 105 000 7100  | W2 NE  |  |  |
| Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  Email Address:jim.allen@riverrockoperating.com  Received Commits  Surface Owner Information:  | 510N   |  |  |
| Surface Owner Information:  Name: Harvey, H Leonard & Linda  Address 1: 19600 QUINTER RD  Address 2:   | SION 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. |  |  |
| 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.   |  |  |
| I certify that, pursuant to the Kansas Surface Owner Notice An owner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and | 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 rier(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 ICC, which is enclosed with this form.   |  |  |
| If choosing the second option, submit payment of the \$30.00 handling to<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  | fee 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 t $ ho$  | the best of my knowledge and belief.   |  |  |
| Date: 7/1/16 Signature of Operator or Agent:   | Vice President - Operations  |  |  |