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 _ 06/22/16 Effective Date of Transfer: Gas Lease: No. of Gas Wells 1 223765 KS Dept of Revenue Lease No. Gas Gathering System: Lease Name: Mary F Douglas Saltwater Disposal Well - Permit No.: SW- NE - NE - NW Sec. 16 Twp. 29S R 17E VE W __ feet from N / S Line Legal Description of Lease: SW NE NE NW feet from E / W Line Enhanced Recovery Project Permit No.:. Wilson Entire Project: Yes No County: Number of Injection Wells Production Zone(s): Cherokee Coal Neodesha Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1520525382-0001 feet from S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section c6:4/16/4 Type of Pit Emergency Settling Haul-Off Workover Stephen Monarty Past Operator's License No. Phone: 405-600-7704 Postrock Midcontinent Production LLC 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. Phone: 405-606-7481 Received River Rock Operating, LLC New Operator's Name & Address:_ KANSAS CORPORATION COMMISSION 211 N. Robinson, Suite 200 BP Energy Company Oil / Gas Purchaser: Oklahoma City, OK 73102 SERVATION DIVISION Vice President - Operations WICHITA. KS Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___1520525382-0001 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 ___ . Recommended action: permitted by No : _ Date:

PRODUCTION

District

DISTRICT -

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 223765				
* Lease Name: _	Mary F Douglas		_ * Location: _S	W NE NE NW 16-29S	-17E
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Section Sec		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
16-1	1520525382-0001	636 FNL 1994 FV	٧L	Gas	Producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	S-	
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9	S	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		***************************************
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	2	
4		FSL/FNL	FEL/FWL	-	
-		FSL/FNL	FEL/FWL		Received KANSAS CORPORATION COMMISS
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION
		FSL/FNL	FEL/FWL		FILOTON, NO
		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.

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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.

Select the corresponding form being filed: C-1 (inlent) CB-1 (Ca	athodic Protection Borehole Intent) 🗶 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	SW-NE-NE-NW Sec. 16 Twp. 29S S R. 17E ▼ East West		
Name: River Rock Operating, LLC Address 1: 211 North Robinson	County: Wilson		
Address 2: Suite 200	Lease Name: Mary F Douglas Well #. 16-1		
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			
Phone: (405) 606-7481 Fax: (405) 606-7483	SW NE NE NW		
	ON NETTERN		
Received COMMS	SION		
Email Address: jim.allen@riverrockoperating.com Received Received KANSAS CORPURATION:			
Address 1: 23484 HWY 47 CONSERVATION DIVISION KS	NWhen 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.		
Address 2:			
City: THAYER State: KS Zip: 66776 +	,,,		
State, 110 Zip. 00170 7			
the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc 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, and	rated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form sing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address o that I am being charged a \$30.00 handling fee, payable to the KC	er(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			
1	1		
I hereby certify that the statements made herein are true and correct to the	N 1/1 A		
Date: Signature of Operator or Agent:	Vice President - Operations Title:		