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 1 Effective Date of Transfer: 06/22/2016 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: McCune, North Saltwater Disposal Well - Permit No.: SE SE SE SE Sec. 4 Twp 27S R. 15E VE W _ feet from N / S Line Legal Description of Lease: SE SE SE SE feet from E / W Line Enhanced Recovery Project Permit No.: _ Wilson Entire Project: Yes No County Number of Injection Wells _ Production Zone(s): Lower Bartlesville Unknown Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1520523858 feet from S Line of Section (API No. if Drill Pit, WO or Haul) 8/16/14 feet from W Line of Section Type of Pit: Emergency 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 Date: Title: 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 211 N. Robinson, Suite 200 Oil / Gas Purchaser: HollyFrontier Refining & Marketing LLC Received

KANSAS CORPORATION COMMISSION Oklahoma City, OK 73102 7/11/2016 Vice President - Operations WICHITA. KS has been Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1520523858 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

DISTRICT

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 121466		non.			
* Lease Name:_	McCune, North		*Location:SE SE SE 4-27S-15E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line Type of Well (i.e FSL = Feet from South Line) (Oil/Gas/lNJ/WSW)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA:D/Abandoned	
2	1520523858	/84 208 — _ 220 FSL 220 FEL	Well In	ventory Oil	Producing	
***************************************		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	***************************************		
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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 (Calhodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location.		
Name: River Rock Operating, LLC	SE - SE - SE Sec. 4 Twp 27S S. R. 15E ▼ East West		
Address 1: 211 North Robinson	County: Wilson		
Address 2: Suite 200	Lease Name: McCune, North Well #: 2		
City: Oklahoma City State: OK 7ip: 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:		
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	SE SE SE SE		
Email Address: jim.allen@riverrockoperating.com	50°		
Surface Owner Information: Name: Linnebur, Roxanna L Address 1:	SION		
Name: Linnebur, Roxanna L	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: CONSERVICHITA	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: 16140 6TH STREET RD			
City. WAMEGO State: KS Zip: 66547 +	property and the second proper		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	dic Protection Borehole Intent), you must supply the surface owners and 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.		
Select one of the following:			
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, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to t	// //		
Date: 7/11/2016 Signature of Operator or Agent:	Vice President - Operations		