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: _ Gas Lease: No. of Gas Wells 121466 1 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: McCune, North Saltwater Disposal Well - Permit No .: ___ NE NW SE SE Sec. 4 Twp 27S R. 15E F E W Spot Location: _______feet from N / S Line Legal Description of Lease: NE NW SE SE feet from E / W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Wilson Number of Injection Wells _ Production Zone(s): Bartlesville Clinesmith Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1520525016 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) ot de elialia W Line of Section feet from Type of Pit: Settling Haul-Off Workover Emergency Burn Drilling Stephen Monarty Past Operator's License No. Contact Person: 405-600-7704 Postrock Midcontinent Production LLC Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 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 Oklahoma City, OK 73102 7/11/2016 Vice President - Operations Signature: CONSERVATION DIVISION Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1520525016 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: Authorized Signature

DISTRICT ...

Mail to: Past Operator

PRODUCTION

District

Side Two

Must Be Filed For All Wells

* Lease Name: McCune, North			* Location: NE NW SE SE 4-27S-15E		
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandone
8	1520525016	1114 FSL 664 FEL		Oil	Producing
			-		
		FSL/FNL			
		FSL/FNL			
	Washington and Control of the Contro	FSL/FNL	FEL/FWL		
		F\$L/FNL			
		FSL/FNL			
- 2		FSL/FNL	FEL/FWL		-
		FSL/FNL FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL .		
		FSL/FNL			Received CORPORATION COMMISSION
		FSL/FNL	FEL/FWL	JUL 27 2016	JOL 21
		FSL/FNL	FEL/FWL	CON	ISERVATION DIVISION WICHITA, KS
-		FSL/FNL	FEL/FWL		
		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

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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 (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	NE - NW- SE - SE Sec. 4 Twp. 27S S R. 15E ▼ East West County: Wilson		
Address 1: 211 North Robinson			
Address 2. Suite 200	Lease Name: McCune, North Wall # 8		
City: Oklahoma City State: OK Zip: 73102	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person. Jim Allen	the lease below:		
City: Oklahoma City	NE NW SE SE		
Email Address:jim.allen@riverrockoperating.com			
seved on	MISSION		
Surface Owner Information: Name: Linnebur, Roxanna L Address 1: Address 2: 16140 6TH STREET RD City: WAMEGO Sim.allen@riverrockoperating.com Received Re	(S) 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, tan	odic Protection Borehole Intent), you must supply the surface owners and ok batteries, pipelines, and electrical lines. The localions shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be I CP-1 that I am filing in connection with this form: 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To miligate the additional cost of the KCC performing this sof 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-	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			
Date: 7/11/2016 Signature of Operator or Agent.	Vice President - Operations Title:		