## 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,

Check Applicable Boxes: MUST be submit	ttea with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 06/22/2016
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:
Gas Gathering System:	Lease Name: REAVES SWD
Saltwater Disposal Well - Permit No.: D28765.0	
Spot Location: 197 feet from N/xS Line	SESESec31Twp27SR_17EW
feet from X E / W Line	Legal Description of Lease: SESESE
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County WILSON
Number of Injection Wells**	Production Zone(s):
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s): ARBUCKLE
** Side Two Must Be Completed.	injection zone(g).
Surface Pit Permit No.:1520526876	feet from N / S Line of Section
(API No if Drill Pit, WO or Haul)	feet from FE / W Line of Section
マンと・くないと Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No	Contact Person: Stephen Moriarty
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704
210 Park Ave, Okla. City, OK 73102	Date: 7/13/14
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Tostee
New Operator's License No 35341	Contact Person: Jim Allen
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 KCC WICHITA
211 N. Robinson, Suite 200	
Oklahoma City, OK 73102	Oil / Gas Purchaser:
	Date: OFFINED RECEIVED
Title: Vice President - Operations	Signature:
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit # 1520526876 has been
noted, approved and duly recorded in the records of the Kansas Corporation C	
Commission records only and does not convey any ownership interest in the al	pove injection well(s) or pit permit.
River Rock Operating LC is acknowledged as	is acknowledged as
the new operator and may continue to nject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No: D-28.765 . Recommended action: Noise	permitted by No.:
Date: 10-16 Charul A Beyos	Date:
	RODUCTION OFFICE UIC 10-10-16
Mail to: Past Operator New Operator	10-10-16 District 3 10-10-16

#### Side Two

### Must Be Filed For All Wells

KDOR Lease	No.:		***		
* Lease Name:	REAVES SWD		_ * Location:_S	SE SE SE 31-27S-17E	
Well No	API No (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Sc		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
31-1	1520526876	197 FSL 87 FEL		INJ	Active
		FSL/FNL	FEL/FWL	-	-
<u></u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	(man-1)	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		(CONT.)
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<u></u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	***
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		KCC WICHITA
31					2010
		FSL/FNL	FEL/FWL		The same of the sa
		FSL/FNL	FEL/FWL		
	***************************************	FSL/FNL	FEL/FWL		1

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.

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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 (	(Calhodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)	
OPERATOR: License # 35341	Well Location:	
Name: River Rock Operating, LLC		
Address 1: 211 North Robinson	County: Wilson	
Address 2: Suite 200	Lease Name: REAVES SWD Well #: 31-1	
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:	
	SE SE SE	
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  Email Address:jim.allen@riverrockoperating.com  Surface Owner Information:  Name:REAVES, CHARLES T &	HITA	
VCC MIC	. AAC	
27	5010	
Surface Owner Information:	EWED	
Address 1: SHARON L TR Address 2: 20814 1900 RD	owner information can be found in the records of the register of deeds for the	
A-2 (A) (2003) (4-A) (4-A)	county, and in the real estate property tax records of the county treasurer.	
City: <u>CHANUTE</u> State: <u>KS</u> Zip: <u>66720</u> +		
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo	citic 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.  In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  In the Form C-1 plat, Form CB-1, Form CB-1, Form T-1, or Form CB-1, For	
form; and 3) my operator name, address, phone number, fax, ar		
KCC will be required to send this information to the surface own	cknowledge 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 CC, which is enclosed with this form.	
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	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 to t	he best of my knowledge and belief.	
Date: 07/11/2016 Signature of Operator or Agent:	Vice President - Operations	