### 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: MUST be subm	nitted with this form,		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 06/22/16		
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 228140		
Gas Gathering System:	Lease Name: Schoenecker Rev Living Trust		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	NE. SE Sec. 25 Twp. 27S R 15E VE W		
feet from L E / W Line	Legal Description of Lease: NE SE		
Enhanced Recovery Project Permit No:			
Entire Project: Yes No	County: Wilson  Production Zone(s): Cherokee Coals  Injection Zone(s):		
Number of Injection Wells**			
Field Name: Cherokee Basin Coal Area			
** Side Two Must Be Completed.			
Surface Pit Permit No.:1520526694	feet from N / S Line of Section		
(API No it Drill Pit, WO or Haul)			
	feet from E / W Line of Section		
Type of Pit Emergency Burn Settling	Haul-Off		
Past Operator's License No. 33343	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: 7/6/16		
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Truster		
New Operator's License No. 35341	Contact Person: Jim Allen		
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 Received KANSAS CORPORATION COMMISSION		
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy Company IIII 2 7 2016		
Oklahoma City, OK 73102	7/1/16		
Title: Vice President - Operations	Date: CONSERVATION DIVISION WICHITA, KS		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1520526694 has been		
	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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
	PRODUCTION LO C7-16 UIDC 27 2010		
Mail to: Past Operator New Operato	pr District		

#### Side Two

#### Must Be Filed For All Wells

* Lease Name: Schoenecker Rev Living Trust			* Location:N	* Location: NE SE 25-27S-15E		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)  1980 FSL 811 FEL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned Producing	
25-1	1520526694 /					
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		FSL/FNL	FEL/FWL		Received CORPORATION COMMISSION	
		And the second s	FEL/FWL	KANSA:	IIII 27 2016	
			FEL/FWL _	00	INSERVATION DIVISION	
					WICHITA. KS	
	, , , , , , , , , , , , , , , , , , , ,		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 (inlent) CB-1	(Cathodic Protection Borehole Intent) X 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: Schoenecker Rev Living Well # 25-1	
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:	
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen		
405 606-7481 - 405 606-7483	NE SE	
Email Address: jim.allen@riverrockoperating.com	NE SE	
Received	COMMISSION	
Nemes Schoenecker Joeseph & Francis M	NDIVISION  NDIVISION	
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n 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 A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, a  I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface owner.	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 not email address.  cknowledge that, because I have not provided this information, the vner(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-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.	
hereby certify that the statements made herein are true and correct to	the best of my khowledge and belief	
7/1/16	Vice President - Operations	
Date: Signature of Operator or Agent:	~ / / Title:	