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:	inted with this form.			
Oil Lease: No. of Oil Wells	Effective Date of Transfer:06/22/2016 KS Dept of Revenue Lease No.: Lease Name: THURMAN-CREST			
Gas Lease: No. of Gas Wells**				
Gas Gathering System:				
Saltwater Disposal Well - Permit No.: D24996				
Spot Location: 2310 feet from N / X S Line				
850 feet from X E / W Line	Legal Description of Lease: NW NE SE			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County WILSON Production Zone(s):			
Number of Injection Wells **				
Field Name: Altoona	Injection Zone(s): Mississippi			
** Side Two Must Be Completed.	injection zone(s):			
Surface Pit Permit No.:1520523911	feet from N / S Line of Section			
(API No. If Drill Pit, WO or Haul)	feet from E / W Line of Section			
マス ひら・、 似 b 1 F Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling KA			
Past Operator's License No33343 🗸	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: Troster			
	Signature.			
New Operator's License No. 35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481			
211 N. Robinson, Suite 200	KCC WICHII			
Oklahoma City, OK 73102	Oil / Gas Purchaser:			
	Date.			
Title: Vice President - Operations	Signature: RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # 1520523911 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.			
River Rock Operating LLC is acknowledged as	is acknowledged as			
the new operator and may continue to inject fluids as authorized by				
Section 1 and 1 an	the new operator of the above named lease containing the surface pit			
Permit No.: Day996 . Recommended action: Lone	permitted by No.:,			
a hard Of A Paul				
Date: Nathorized Signature	Date:			
	PRODUCTION DYLYTO UIC ID1216			
Mail to: Past Operator 10-12-10 New Operator				

Side Two

Must Be Filed For All Wells

* Lease Name:	THURMAN-CREST		* Location:N	NW NE SE 21-29S-16E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
21-1	1520523911	2310 FSL 850) FEL	INJ	Active
	-	FSL/FNL	FEUFWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		1 1
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		And the second s
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL .	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL	FEL/FWL		411
		FSL/FNL _	FEL/FWL _		
211177777744444444444444444444444444444		FSL/FNL	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL _		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHIT
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL _	FEL/FWL _		RECEIVED
		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	(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: THURMAN-CREST Well #. 21-1
City: Oklahoma City State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Jim Allen	the lease below:
Phone: (405) 606-7481 Fax: (405) 606-7483	NW NE SE
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: THURMAN, DONALD & BUTH	The state of the s
KCC 4.	2016
Surface Owner Information: UL 27	2010
Name: THURMAN, DONALD & RUTH Address 1:	ENED When filing a Form T-1 involving multiple surface owners, attach an additiona
Address 1;	sheet listing all of the information to the left for each surface owner. Surface
Address 2: 9386 RENO RD	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.
City: ALTOONA State: KS Zip: 66710 +	
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.
Select one of the following:	
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form Deing filed is a Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the rner(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 KCC, 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 1 will be returned.
I hereby certify that the statements made herein are true and correct to	the best of my/knowledge and belief.
Date: 07/11/2016 Signature of Operator or Agent:	Vice President - Operations Title: