## 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: MOST be subn                                       | nitea with this form.  |  |  |  |
|--|--|--|--|--|
| Oil Lease: No. of Oil Wells  | Effective Date of Transfer: 06/22/16                                       |  |  |  |
| Gas Lease: No. of Gas Wells 1  | KS Dept of Revenue Lease No.: 228245                                       |  |  |  |
| Gas Gathering System:  | Lease Name: Myers, Wayne D   |  |  |  |
| Saltwater Disposal Well - Permit No.:                                      |  |  |  |  |
| Spot Location: feet from N / S Line  |  |  |  |  |
| feet from L E / L W Line   | Legal Description of Lease: NE NE  |  |  |  |
| Enhanced Recovery Project Permit No.:                                      | TAUL .   |  |  |  |
| Entire Project: Yes No   | County: Wilson   |  |  |  |
| Number of Injection Wells**  | Production Zone(s):  |  |  |  |
| Field Name: Cherokee Basin Coal Area                                       | Injection Zone(s):   |  |  |  |
| ** Side Two Must Be Completed.   |  |  |  |  |
| Surface Pit Permit No.: 1520526807   | feet from N / S Line of Section  |  |  |  |
| (API No if Drill Pit, WO or Haul)  | Processory Processory  |  |  |  |
| Type of Pit: Emergency Burn Settling                                       | Haul-Off Workover Drilling KH  |  |  |  |
|  |  |  |  |  |
| 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: 7/8/14   |  |  |  |
| Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod | Signature: Trustee   |  |  |  |
|  |  |  |  |  |
| 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   | Oil / Gas Purchaser: _BP Energy Company                                    |  |  |  |
| Oklahoma City, OK 73102  | Date: 7/6/16 JUL 27 2016   |  |  |  |
| Title: Vice President - Operations   | DECEIVED   |  |  |  |
| Title.   | Signature: REOLIVIE  |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | authorization, surface pit permit #1520526807 has been                     |  |  |  |
|  | Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |  |
| Commission records only and does not convey any ownership interest in the  |  |  |  |  |
|  |  |  |  |  |
| 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 10-17-10 UC 1 12 2016   |  |  |  |
| Mail to: Past Operator New Operato   | r District   |  |  |  |

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name:_                          | Myers, Wayne D   | * Location: _NE NE 34-27S-17E                               |           |   |   |
|---|--|---|-----------|---|---|
| Well No.                                | API No<br>(YR DRLD/PRE '67)  | Footage from Section Line (i.e. FSL = Feet from South Line) |           | Type of Well<br>(Oil/Gas/INJ/WSW)       | Well Status<br>(PROD/TA'D/Abandoned)    |
| 34-1                                    | 1520526807   | 704 FNL 638 FEL   |           | Gas                                     | Producing                               |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
| ·                                       |  | FSL/FNL   | FEL/FWL   | *************************************** |   |
|   | ***************************************  | FSL/FNL   | FEL/FWL   |   |   |
|   | ***************************************  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   | -                                       |
| <del></del>                             |  | FSL/FNL   | FEL/FWL   |   |   |
| -                                       |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   | -                                       |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL . |   | •                                       |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
|   |  | FSL/FNL   | FEL/FWL   |   |   |
| <del></del>                             | . Consequence and the consequence of the consequenc | FSL/FNL   | FEL/FWL . |   | *************************************** |
|   |  | FSL/FNL   | FEL/FWL   | *************************************** | -                                       |
|   |  | F\$L/FNL  | FEL/FWL   |   | KCC WICHITA                             |
|   |  | FSL/FNL   | FEL/FWL   |   | 2000 0 7 2016                           |
|   |  | FSL/FNL   | FEL/FWL _ |   | RECEIVED                                |
|   |  | FSL/FNL   | FEL/FWL _ |   | *************************************** |
| ann na ann an ann ann ann ann ann ann a |  | FSL/FNL   | 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.

| OPERATOR: License # 35341   | Well Location:   |  |  |
|---|--|--|--|
| Name: River Rock Operating, LLC   |  |  |  |
| Address 1: 211 North Robinson   |  |  |  |
| Address 2: Suite 200  | Lease Name: Myers, Wayne D Well # 34-1   |  |  |
|   | UKES - FT-All Williams   |  |  |
| Contact Person: Jim Allen   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:   |  |  |
| City:       Oklahoma City       State:       OK       Zip:       73102       +       -         Contact Person:       Jim Allen         Phone:       (405)       606-7481       Fax:       (405)       606-7483  | NE NE  |  |  |
| Email Address:iim.allen@riverrockoperating.com  | NE NE  |  |  |
|   | Lafe 40  |  |  |
| . 01  | 2016   |  |  |
| Surface Owner Information:  Name: Myers, Wayne D & Myers, Tomiko  | VED  |  |  |
| Address 1:1328 DENMARK ST   | 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   |  |  |
| Address 2:  | county, and in the real estate property tax records of the county treasurer.   |  |  |
| City WICHITA State: KS Z <sub>IP</sub> : 67212 +  |  |  |  |
| are preliminary non-binding estimates. The locations may be entered of Select one of the following:   | k batteries, pipelines, and electrical lines. The locations shown on the plat<br>in 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 ICP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a | 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   |  |  |
| KCC will be required to send this information to the surface ow   | 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 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-  | 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  | the best of my knowledge and belief  |  |  |
| Date: 7/6/16 Signature of Operator or Agent.  | Vice President - Operations  |  |  |