### 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	ilted 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.: 229261			
Gas Gathering System:	Lease Name: Wolf Revocable Trust			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: NE NE			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Wilson  Production Zone(s):			
Number of Injection Wells **				
Field Name: Cherokee Basin Coal Area				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: 1520527213  (API No. if Drilli Pit, WO or Haul)	feet from N / S Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling とな			
22242				
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: 7/8//6			
Title: Slephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: My Troster			
New Operator's License No. 35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 KCC WICHIT			
211 N. Robinson, Suite 200	PD Energy Company			
Oklahoma City, OK 73102	JOL 27 2010			
	Date: 7/8/16 RECEIVED			
Title: Vice President - Operations	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1520527213 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			
Permit No.: Recommended action:	permitted by No.;			
	portinuos of troi.			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR _/0-7-16	PRODUCTION (0 10 10 2016)			
Mail to: Past Operator District				

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease 1	No.: 229261				
* Lease Name:_	Wolf Revocable Trust		* Location:N	NE NE 12-29S-15E	
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)
12-2	1520527213-00-01	660 FNL 660 FEL		Gas	Producing
	-	FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL	3	
		FSL/FNL	FEL/FWL		
	<u> </u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL	West and the second sec	
		FSL/FNL	FEL/FWL	***************************************	
<b>****</b> ********************************		FSL/FNL	FEL/FWL		
- 10 mm		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			KCC WICHITA
			FEL/FWL		JUL 2 7 2016
		FSL/FNL		MANUFACTURE AND ADDRESS OF THE PARTY OF THE	RECEIVED
		FSL/FNL			-
		FSL/FNL			
		FSL/FNL			-
					-

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 (Ca	alhodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC			
Name: River Rock Operating, LLC Address 1: 211 North Robinson	County: Wilson		
Address 2. Suite 200	Lease Name: Wolf Revocable Trust Well #: 12-2		
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:		
Contact Person: Jim Allen  Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	NE NE		
Email Address: jim.allen@riverrockoperating.com			
KCC WICHITA			
Surface Owner Information:  Name: Wolf, Ted L & Donna  JUL 27 2016			
Name: Wolf, Ted L & Donna JUL Z 7 Z010	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 11430 OTTAWA RD RECEIVED Address 2:	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: FREDONIA State: KS Zip: 66736 +			
the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a second control of the following sections at the following sections.	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ping filed is a Form C-1 or Form CB-1, the plat(s) required by this		
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(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 fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	he hest of my knowledge and helief		
	Vice President - Operations		
Date: 7/8/16 Signature of Operator or Agent:	Title:		