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,
MIST 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.: 227301
Gas Gathering System:	Lease Name: Bill McMillen
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: S2 SE
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Wilson
Number of Injection Wells**	Production Zone(s): Riverton Coal Bed
Field Name: Cherokee Basin Coal Area	Injection Zone(s):
** Side Two Must Be Completed.	injection zone(s).
Surface Pit Permit No.:1520525409	feet from N / S Line of Section
RTLES IN I Drill Pit, WO or Haul)	feet from F / W Line of Section
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: 7/05/16
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Truster
	Z
New Operator's License No	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 JUL 2 7 2016
Oklahoma City, OK 73102	7/7/46
Title: Vice President - Operations	Date: RECEIVED Signature:
	, VV
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1520525409 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.
	T
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 11-67 (NOV 0 8 2016
Mail to: Past Operator New Operato	District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 227301				
* Lease Name:	Bill McMillen		* Location: _S	2 SE 21-28S-17E	
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
1-21	1520525409 /	544 FSL 1467 F	EL	Gas	Producing
0		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWL	Market 1997	
		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		KCC WICHITA
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		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 (intent) CB-1	(Cathodic Protection Borehole Intent) X T-1 (Translet) CP-1 (Plugging Application)
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	<u>S2SE</u> Sec, <u>21Twp. 28SSR17E</u> EastWest
Address 1: 211 North Robinson	County: Wilson
Address 2: Suite 200	Lease Name: Bill McMillen Well # 1-21
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 Fox 405 606-7483	S2 SE
Email Address: jim.allen@riverrockoperating.com	(P
Email Address:jim.allen@riverrockoperating.com Surface Owner Information: Name:Mcmillen, Bill & Kathy A Tr Address 1:24744 1500 RD Address 2: City: _CHANUTEState: KSZip: 66720+	(EDWhen 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 county, and in the real estate property tax records of the county treasurer.
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of	odic Protection Borehole Intent), you must supply the surface owners and ok batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
owner(s) of the land upon which the subject well is or will be I	Act (House Bill 2032), I have provided the following to the surface located: 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 and email address.
	wner(s). To mitigate the additional cost of the KCC performing this sof 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.
	1 1
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.
Date:	Vice President - Operations Title: