## 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 Compilance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form

Oil Lease: No. of Oil Wells**  Gas Lease: No. of Gas Wells**  Gas Gathering System:  Saltwater Disposal Well - Permit No.:  Spot Location: feet from N / S Line  feet from E / W Line  Enhanced Recovery Project Permit No.:  Entire Project: Yes No  Number of Injection Wells **  Field Name: CHEROKEE BASIN COAL AREA	Effective Date of Transfer: 06/22/16  KS Dept of Revenue Lease No.: 224008  Lease Name: Dick, Bruce  NW- SE - SW - NW Sec. 12 Twp. 29S R. 18E  W  Legal Description of Lease: NW SE SW NW \$12-T29S-  R18E  County: Neosho  Production Zone(s): MISSISSIPPI  Injection Zone(s):
Surface Pit Permit No.: 1513325719  (API No. if Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling
Past Operator's License No. 33343  Past Operator's Name & Address: Postrock Midcontinent Production LLC  210 Park Ave, Okla. City, OK 73102  Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Contact Person: Stephen Moriarty  Phone: 405-600-7704  Date: 7/13/1/e  Signature: Truster
New Operator's License No. 35341  New Operator's Name & Address: River Rock Operating, LLC 211 N. Robinson, Suite 200  Oklahoma City, OK 73102	Contact Person:
Title: Vice President - Operations	Signature:
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit
Date:	Date:
DISTRICT         EPR         13/14/16           Mail to: Past Operator         New Operat	PRODUCTION 12-15-16 UBEC 15 ZUTU  tor District

#### Side Two

#### Must Be Filed For All Wells

	Dick Bruce		NW SE SW NW 12-295	S-18E
Lease Name: _	Dick, Bruce	* Location	n: 1444 OL OVV 1444 12-296	J 10L
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)
12-1	1513325719	2203 FNL 884 FWL	Gas	Producing
		FSL/FNLFEL/F	WL	
	***************************************	FSL/FNLFEL/F	WL	
		FSUFNL FEUF	WL	
		FSL/FNLFEL/F	WL	
		FSL/FNLFEL/F	WL	-
		FSL/FNLFEL/F	WL	
		FSL/FNLFEL/F	WL	
	***************************************	FSL/FNL FEL/F	WL	*
		FSL/FNLFEL/F	WL	
		FSL/FNLFEL/F	WL	
		FSL/FNLFEL/F	WL	KCC WICHIT
		FSL/FNLFEL/F	WL	JUL 27 2016
		FSL/FNLFEL/F	WL	RECEIVED
		FSL/FNLFEL/F	-WL	
		FSL/FNLFEL/F	WL .	
		FSL/FNLFEL/F		
		FSL/FNLFEL/F		

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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	NW-SE-SW-NW Sec. 12 Twp. 29S S. R. 18E ■ East West		
Address 1: 211 North Robinson	County: Neosho		
Address 2: Suite 200			
City: Oklahoma City State: OK Zip: 73102 +	Lease Name: Dick, Bruce 12-1  If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:  NW SE SW NW §12-T29S-R18E  When filing a Form T-1 involving multiple surface owners, attach an addition		
Contact Person: Jim Allen			
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483			
Email Address: jim.allen@riverrockoperating.com	HI.		
CC AA.	2016		
Surface Owner Information: Name: DICK BRUCE S & CYNTHIA A	When filing a Form T-1 involving multiple surface owners, attach an addition sheet listing all of the information to the left for each surface owner. Surface		
Address 1:	strong an or are information to the left for each surface owner. Surface		
Address 2: 11580 HARPER RD	<ul> <li>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.</li> </ul>		
City: THAYER State: KS Zip: 66776 +			
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on 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 owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,			
KCC will be required to send this information to the surface of	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
hereby certify that the statements made herein are true and correct	to the best of my kylowledge and belief.		
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations Title:		