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 sub	omitted 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.: 228631			
Gas Gathering System:	Lease Name: Freidline, Claude			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	<u>NE. NE_sec. 20</u> Twp. <u>28S_R. 17E_</u> W			
feet from E / W Line	Legal Description of Lease: NE NE			
Enhanced Recovery Project Permit No.:				
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.: 1520526988 (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 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	7/201/10			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Trustle			
New Operator's License No	Contact Person: Jim Allen Phone: 405-606-7481 Oil / Gas Purchaser: BP Energy Company / JUL 2 7 2016			
Oklahoma City, OK 73102	Date: 7/7/16 RECEIVED			
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	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			
The state of the s	PRODUCTION 1(-2-16 NOV 02 2016			
Mail to: Past Operator New Opera	tor District			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 228631				
* Lease Name: Freidline, Claude		• Location: NE NE 20-28S-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)
20-1 1520526988 /		810 FNL 660 FEL		Gas	Producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	8	-
		FSL/FNL	FEL/FWL	N-	·
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		***************************************
		FSL/FNL	FEL/FWL		3-23-21-21-21-21-21-21-21-21-21-21-21-21-21-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u> </u>	
		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 .		CWICHITA
		FSL/FNL	FEL/FWL		L 2 7 2016
		FSL/FNL	FEL/FWL		RECEIVED
Marie 1 d Auto 2 d Au		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 (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: Freidline, Claude Well #. 20-1		
City: Oklahoma City State: OK Zin: 73102 +	If filling a Form T.1 for multiple wells and leave appart the level description of		
Contact Person: Jim Allen	the lease below:		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	NENE		
Email Address:jim.allen@riverrockoperating.com KCC WICH	ITA		
Surface Owner Information: JUL 27 201	6		
	D When filling a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 16633 UDALL RD	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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 a batteries, pipelines, and electrical lines. The locations shown on the plat In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
CP-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 I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form cheing filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the ener(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		
that I am being charged a \$30.00 handling fee, payable to the K If choosing the second option, submit payment of the \$30.00 handling	ICC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1		
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-			
	1		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 7/7/16 Signature of Operator or Agent: 4	Vice President - Operations		