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 submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 6 27 16
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 228301
Gas Gathering System:	distributed the supplementation of the supple
Saltwater Disposal Well - Permit No.:	A
Spot Location: feet from N	/ ☐ S Line <u>SW _ Sw Sec. 30 Twp. 31 R. 19</u>
feet from E /	W Line Legal Description of Lease: SW SW
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Labette
Number of Injection Wells*	
Field Name: Cherokee Basin Coal Area	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: 15-099-23995	657 fact from N / W S Line of Section
(API No. if Drill Pit, WO or H	
	feet from E / W Line of Section
Type of Pit: Emergency Burn	Settling Haul-Off Workover Drilling K. V
Past Operator's License No. 33343	Contact Person:Stephen Moriarty
Past Operator's Name & Address: Postrock Midcontin	ent Production Phone: 405-600-7704
LLC, 210 Park Avenue, Suite 2750, OKC, Ok	(73102 Pote: 7/8//4
Title: Slephen Moriarty, Bankruptcy Truslee for Postrock Midcon	
New Operator's License No. 35341 /	Contact Person: Jim Allen KCC WICHITA
New Operator's Name & Address: River Rock Operating	, LLC Phone: 405-606-7481
211 N. Robinson, Suite 200	Oil / Gas Purchaser: B.P. Energy Company
Oklahoma City, OK 73102	Date: 1/8/16/ 1// RECEIVED
Title: Vice president Operations	Signature:
Acknowledgment of Transfer: The above request for	transfer of injection authorization, surface pit permit #15-099-23995 has been
noted, approved and duly recorded in the records of the k	Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any owne	
is	acknowledged as is acknowledged as
the new operator and may continue to inject fluids a	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	1/ /= //- NOV 1 = 2016
DISTRICT EPR _///	PRODUCTION 1(7670) UIC VUV 15 ZU 10
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: _ 228301		-		
* Lease Name:	DAILEY, DONALD D. 30-1		* Location:S	SW SW SEC 30-31S-19E	Ξ
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)
30-1	15-099-23995 /	Circle 657FSL FSL/FNL	Circle 662FWL FEL/FWL	Gas	Producing
	3 A. C.	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
	·	FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWL		
	8	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Parameter States	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL	7	
<u></u>	×	FSL/FNL	FEL/FWL	<u></u>	
		FSL/FNL	FEL/FWL	Y	
			FEL/FWL	<u></u>	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		50: (5)			20 as a
		FOL/FNI		K	CC WICHITA
		50. (5).			JUL 2 7 2016
					RECEIVED
			FEL/FWL		
		TODITAL			

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.

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.

Select the corresponding form being filed: C-1 (Inlent) CB-1 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 35341	Well Location:				
Name: River Rock Operating , LLC					
Address 1: 211 N. Robinson	f. 9 - 24				
Addrson 2. Suite 200	County: Labette Lease Name: DAILEY, DONALD D. Well #: 30-1				
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen					
Contact Parson: Jim Allen	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Phone: (405) 606-7481 Fax: (405) 606-7483	OUITA				
KCC 4	Chin				
Email Address:	2016				
JUL 2	FIVED				
	EIVED				
Name: DONALD D. DAILEY & KATHERINE C. DAILEY	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				
Address 1: 908 22000 ROAD	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: PARSONS State: KS Zip: 67357 +					
the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.					
Select one of the following:					
	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this				
	ner(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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	will be returned.				
I hereby certify that the statements made herein are true and correct to to Date: 7 1 16 Signature of Operator or Agent:	he best of my khowledge and belief.				
7/11/16	1/1/1 V-Porce Occurs				
Date: Signature of Operator or Agent:	Title: VIVES Uperations				