District

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: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: _ 06/22/16 Gas Lease: No. of Gas Wells __1 228699 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Friedrick, Donald O Saltwater Disposal Well - Permit No.: - NE NE Sec. 35 Twp. 27S R 17E VE W _____feet from N / S Line Legal Description of Lease: NE NE feet from E / W Line Enhanced Recovery Project Permit No.:_ Neosho Entire Project: Yes No County: Number of Injection Wells _ Production Zone(s): MULTIPLE CHEROKEE BASIN COAL AREA Injection Zone(s):__ ** Side Two Must Be Completed. Surface Pit Permit No.: __1513326748 N / S Line of Section feet from (API No if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Stephen Moriarty Past Operator's License No. Contact Person: Phone: 405-600-7704 Postrock Midcontinent Production LLC Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: Contact Person: Jim Allen New Operator's License No. . KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Oklahoma City, OK 73102 7/18/16 Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1513326748 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 Recommended action: permitted by No.: __ Authorized Signature Authorized Signature DISTRICT -PRODUCTION

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

* Lease Name: Friedrick, Donald O			t agation. NE NE 35-27S-17E		
* Lease Name:	Triedrick, Dollard O	* Location:			
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)
35-1		660 FNL 660 FEL		Gas Producing	Producing
***************************************		FSL/FNL	FEL/FWL	×	
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		- 3
		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		
		FSL/FNL	FEL/FWL		
	Annual designation of the second	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- CONNICHITA
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		the all the same
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL	-	(17)
		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.

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 (Intent) CB-1 (C	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 Neosho		
Address 2: Suite 200	Lease Name: Friedrick, Donald O Well #. 35-1		
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 Fax: (405) 606-7483	NE NE		
Email Address: jim.allen@riverrockoperating.com	411.		
1CC W	∂ln_{c}		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: FRIEDERICH DONALD & CHERYL			
Address 1:	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: 19895 BROWN RD	county, and in the real estate property tax records of the county treasurer.		
City: CHANUTE State: KS Zip: 66720 +			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or	clic Protection Borehole Intent), you must supply the surface owners and statteries, 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:			
	ocated: 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		
	rner(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-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
A.	. /		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 7/18/16 Signature of Operator or Agent:	Vice President - Operations Title:		