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 _ 06/22/16 Effective Date of Transfer: _ Gas Lease: No. of Gas Wells . 1 229490 -KS Dept of Revenue Lease No .: Gas Gathering System: Lease Name: Timmons, Nancy Saltwater Disposal Well - Permit No.: ___ - NE - SW Sec. 31 Twp. 28S R. 15E ✓ E W _____feet from N/S Line Legal Description of Lease: NE SW feet from E / W Line Enhanced Recovery Project Permit No.: Wilson Entire Project: Yes No County: Number of Injection Wells Production Zone(s): Cherokee Basin Coal Area Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1520526677 N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Haul-Off Workover 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 Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: Contact Person: Jim Allen New Operator's License No. New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 Received 211 N. Robinson, Suite 200 **BP Energy Company** Oil / Gas Purchaser: Oklahoma City, OK 73102 7/6/16 Vice President - Operations Signature: CONSERVATION DIVISION WICHITA, KS Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by ___ . Recommended action: permitted by No.: ___ Date: Authorized Signature PRODUCTION DISTRICT -Mail to: Past Operator _ District New Operator,

Side Two

Must Be Filed For All Wells

No.: 229490				
Timmons, Nancy	* Location: NE SW 31-28S-15E			
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)
31-2 1520526677	1980 FSL 1980 FWL		Gas	Producing
4 20 9 3 commence and book and an analysis of the second	FSL/FNL	FEL/FWL		
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	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		-
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL	KANSAS CORPO	PCGIVED PRATION COMMISSION
	FSL/FNL	FEL/FWL	JUL	2 7 2016
	FSL/FNL	FEL/FWL	CONSERV. WIC	ATION DIVISION HITA, KS
	FSUFNL	FEL/FWL		
	FSL/FNL	FEL/FWL	<u> </u>	
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
	API No. (YR DRLD/PRE '67) 1520526677 —————————————————————————————————	### Timmons, Nancy API No. (YR DRLD/PRE '67)	### API No (YR DRLD/PRE '67) API No (YR DRLD/PRE '67)	Timmons, Nancy

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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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 (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: Timmons, Nancy Well #. 31-2		
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:		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	NE SW		
Email Address: jim.allen@riverrockoperating.com			
Received Received	MISSION		
Email Address:jim.allen@riverrockoperating.com Received KANSAS CORPORATION COM			
Surface Owner Information: Name:	When files a Form T1 involving multiple curtage guypers, attach an additional		
Name: Timmons, Faye Address 1: 13518 JADE RD Address 2: Conservation Surface Owner Information Surface Owner			
Address 3:	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: FREDONIA State: KS Zip: 66736 +	,,,,		
State, No Zip. 00700 +			
the KCC with a plat showing the predicted locations of lease roads, tame are preliminary non-binding estimates. The locations may be entered of select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I 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, at I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface owners, I acknowledge that I must provide the name and address.	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 and email address. Incknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is 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 I 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		
I hereby certify that the statements made herein are true and correct to	the best of mulknowledge and belief		
7/6/16	Vice President - Operations		
Date: Signature of Operator or Agent:	→ /\///\ Title:		