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: Effective Date of Transfer: 06/22/16 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells 227653 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Carter, Phillip D Saltwater Disposal Well - Permit No.: ___ - NW- NW sec. 31 Twp. 28S R. 17E ✓ E W feet from N/ S Line Legal Description of Lease: NW NW feet from E / W Line Enhanced Recovery Project Permit No.: . Wilson 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.; ___1520526576 S Line of Section (API No if Drill Pit, WO or Haul) 8 x 25 8/10/16 feet from W Line of Section Type of Pit: Emergency Settlina Haul-Off Workover Drilling Stephen Moriarty Past Operator's License No. Contact Person: Postrock Midcontinent Production LLC 405-600-7704 Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Date: Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Contact Person: Jim Allen 35341 New Operator's License No. KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 JUL 27 2016 Oil / Gas Purchaser: BP Energy Company 211 N. Robinson, Suite 200 Oklahoma City, OK 73102 7/7/16 Title: Vice President - Operations Signature: 1520526576 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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.: Date: Authorized Signature Authorized Signature

DISTRICT .

Mail to: Past Operator

PRODUCTION

District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 227653				
* Lease Name:	Carter, Phillip D		* Location:N	IW NW 31-28S-17E	
Well No.	API No (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 486 FNL 641 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
31-1	1520526576 🗸				Producing
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
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		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 (Intent)	CB-1 (Cathodic Protection Borehole Intent) 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: Carter, Phillip D Well #: 31-1
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen	the lease below:
Phone: (405) 606-7481 Fax: (405) 606-7483	A NA / A RA /
Email Address: jim.allen@riverrockoperating.com	ICHITA
Surface Owner Information: JUL 2	7 2016
Name: Carter, Kenny D	DENCED 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: 18240 HWY 47	
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 rot are preliminary non-binding estimates. The locations may be estimated one of the following: I certify that, pursuant to the Kansas Surface Owner I owner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if Ir form; and 3) my operator name, address, phone number I have not provided this information to the surface owner KCC will be required to send this information to the sur	er(s). I acknowledge that, because I have not provided this information, the rface owner(s). To mitigate the additional cost of the KCC performing this address 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 h form and the associated Form C-1, Form CB-1, Form T-1, or Fo	andling fee with this form. If the fee is not received with this form, the KSONA-1 orm CP-1 will be returned.
I hereby certify that the statements made herein are true and co	
Date: 7/7/16 Signature of Operator or Agent:	Vice President - Operations