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 229252 KS Dept of Revenue Lease No .: Gas Gathering System:_ Lease Name: Seidl Farms Saltwater Disposal Well - Permit No.: ___ - <u>NE SW Sec. 6</u> Twp. 28S R. 18E F W __ feet from N / S Line Legal Description of Lease: NE SW feet from | E / | W Line Enhanced Recovery Project Permit No : _ County: Neosho Entire Project: Yes No Number of Injection Wells. Production Zone(s): Cherokee Coals CHEROKEE BASIN COAL AREA Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1513326808 feet from 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 Drilling Stephen Moriarty Past Operator's License No. Contact Person: Postrock Midcontinent Production LLC Phone: 405-600-7704 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. New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy JUL 27 2016 Oklahoma City, OK 73102 7/14/16 Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1513326808 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

PRODUCTION

District

DISTRICT

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 229252				
* Lease Name:	Seidl Farms	* Location: NE SW 6-28S-18E			
Well No	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 1980 FSL 1980 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
6-2	1513326808 🗸			Gas	Producing
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL	S	3
·	-	FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	9	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
-		FSL/FNL			• Marie Mari
			FEL/FWL		CC WICHITA
		FSL/FNL	FEL/FWL _		KCC WICHITA
					JUL 2 7 2016 RECEIVED
		FSL/FNL			
(Co. 1)		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.

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.

OPERATOR: License # 35341	_ Well Location:		
Name: River Rock Operating, LLC			
Address 1: 211 North Robinson	County Neosho		
Name: River Rock Operating, LLC Address 1: 211 North Robinson Address 2: Suite 200	Lease Name: Seidl Farms Well # 6-2		
City: Oklahoma City State: OK Zip: 73102 +	If filling a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: Jim Allen	the lease below:		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	NE SW		
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: SEIDL FARMS LLC Address 1: C/o SEIDL EDWARD J Address 2: 30830 W 90TH ST			
Surface Owner Information:	316		
Name: SEIDL FARMS LLC	NED When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: SEIDL FARMS LLC Address 1: C/O SEIDL EDWARD J Address 2: 30830 W 90TH ST	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: 30830 W 90TH ST	county, and in the real estate property tax records of the county treasurer.		
City: <u>DESOTO</u> State: <u>KS</u> Zip: <u>66018</u> +			
the KCC with a plat showing the predicted locations of lease roads, tall are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following.			
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 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.		
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the owner(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 KCC, which is enclosed with this form.		
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	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.		
7/19/16	Vice President - Operations		