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 subm.	itted with this form.		
Oil Lease: No, of Oil Wells	Effective Date of Transfer: 06/22/16		
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 228904		
Gas Gathering System:	Lease Name: Seidl Farms		
Saltwater Disposal Well - Permit No.:	NE_ SW. NE_sec. 1 Twp. 29S_ R. 17E E W		
Spot Location:feet from N / S Line			
feet from L E / W Line	Legal Description of Lease: NE SW NE		
Enhanced Recovery Project Permit No.:	A		
Entire Project: Yes No	County: Neosho		
Number of Injection Wells **	Production Zone(s): Cherokee Coals		
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.:1513326807	feet from N / S Line of Section		
(API No if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling		
Past Operator's License No33343 /	Contact Person: Stephen Moriarty		
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704		
210 Park Ave, Okla. City, OK 73102	Date: 7/15/16		
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Mr. Truste		
New Operator's License No	Contact Person: Jim Allen		
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	Date: 7/14/16 RECEIVED		
Title: Vice President - Operations	Date.		
Title:	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization surface hit permit # 1513326807		
noted, approved and duly recorded in the records of the Kansas Corporation C			
Commission records only and does not convey any ownership interest in the a			
, , , , , , , , , , , , , , , , , , , ,			
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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
The state of the s	RODUCTION / LUID NUIZ 0 4 ZUID		
Mail to: Past Operator New Operator	District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 228904			
* Lease Name: Seidl Farms		*Location:NE SW NE 1-29S-17E		
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)
1-1	1513326807	1650 FNL 1650 FEL	Gas	Producing
		FSL/FNLFEL/FWL		·
		FSL/FNLFEL/FWL		
		FSL/FNLFEL/FWL	-	
		FSL/FNLFEL/FWL		
7.0		FSL/FNLFEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		KCC WICHITA
		FSL/FNLFEL/FWL		JUL 27 2016
		FSL/FNLFEL/FWL		RECEIVED
		FSL/FNLFEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNLFEL/FWL		
-				
		FSL/FNLFEL/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

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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.

OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	
Name: River Rock Operating, LLC Address 1: 211 North Robinson	County Neosho
Address 2: Suite 200	Lease Name: Seidl Farms Well #: 1-1
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:
	NE SW NE
Email Address: jim.allen@riverrockoperating.com	HITA
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	2016
Name: SEIDL FARMS LLC	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: c/o SEIDL EDWARD J	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: DESOTO State: KS Zip: 66018 +	
are preliminary non-binding estimates. The locations may be ente	s, tank batteries, pipelines, and electrical lines. The locations shown on the plat red 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	tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.
KCC will be required to send this information to the surface	s). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handorn and the associated Form C-1, Form CB-1, Form T-1, or Form	dling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.
The same of the sa	
hereby certify that the statements made herein are true and corre	ect to the best of my knowledge and belief.
7/19/16	Vice President - Operations
Date: Signature of Operator or Agent:	Title: