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,

Check Applicable Boxes: MOST be subn	nitted 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.: 230024 Lease Name: Tele-Connect		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	NW. SE. SW. NE Sec. 23 Twp. 28S R. 19E VE W		
Spot Location: feet from N / S Line			
feet from L E / W Line	Legal Description of Lease: SW NE		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Neosho Production Zone(s): Multiple		
Number of Injection Wells**			
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.: 1513327092 (API No if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling		
Past Operator's License No. 33343	Contact Person:Stephen Moriarty		
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704		
210 Park Ave, Okla. City, OK 73102	71151110		
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Truske		
New Operator's License No. 35341	Contact Person: Jim Allen		
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 KCC WICHITA		
211 N. Robinson, Suite 200			
	Oil / Gas Purchaser: BP Energy JUL 2 7 2016		
Oklahoma City, OK 73102	Date: 7/14/16		
Title: Vice President - Operations	Signature:		
	authorization, surface pit permit #1513327092 has been Commission. This acknowledgment of transfer pertains to Kansas Corporation 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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature 2016		
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Mail to: Past Operator	P. C.		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 230024		organization .			
* Lease Name:	Tele-Connect		* Location:SW NE 23-28S-19E			
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)	
23-1	1513327092 /	2184 FNL 1871 FEL		Gas	Inactive Well	
		FSL/FNL	FEL/FWL	***************************************		
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		FSL/FNL				
		FSL/FNL		SPECIFICATION CONTRACT VINC.		
		FSL/FNL				
		FSL/FNL				

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 (Ca	alhodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	NW-SE-SW-NE Sec. 23 Twp. 28S S R. 19E X East West		
Address 1: 211 North Robinson	County Neosho		
Address 2: Suite 200	Lease Name: Tele-Connect Well # 23-1		
City: Oklahoma City State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: Jim Allen	the lease below:		
Phone: (405) 606-7481 Fax: (405) 606-7483	SW NE		
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address:jim.allen@riverrockoperating.com Surface Owner Information: Name:TELE-CONNECT INC			
VCC Wile			
Surface Owner Information:			
Surface Owner Information: Name: TELE-CONNECT INC Address 1:			
Address 1:	sheet listing all of the information to the left for each surface owner. Surface		
Address 2: PO BOX 887	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: CHANUTE State: KS Zip: 66720 +	searry, and in the real estate preparty tax records of the county treasurer.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be located CP-1 that I am filling in connection with this form; 2) if the form being form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of the surface owner is the surface owner of the surface owner is the surface owner of the surface owner is as a surface owner of the surface owner owner.	catteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. (House Bill 2032), I have provided the following to the surface ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Forming filed is a Form C-1 or Form CB-1, the plat(s) required by this email address. Inowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this 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 KCC If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w	e with this form. If the fee is not received with this form, the KSONA-1		
hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.		
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations		