

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm 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 _____ **
- ☒ Gas Lease: No. of Gas Wells 1 **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: CHEROKEE BASIN COAL**** Side Two Must Be Completed.**Effective Date of Transfer: 220202 6/22/16KS Dept of Revenue Lease No.: 228262 KJRLease Name: Adams Living TrustSE - NW - NE - SE Sec. 1 Twp. 32S R. 18 ☒ E ☐ WLegal Description of Lease: SE 1/4 32S-18ECounty: LABETTEProduction Zone(s): CHEROKEE COAL

Injection Zone(s): _____

Surface Pit Permit No.: 15-099-23546
(API No. if Drill Pit, WO or Haul)Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling KH ✓Past Operator's License No. 33343 ✓Past Operator's Name & Address: Postrock MidcontinentProduction LLC, 210 Park Ave, Ste 2750, OKC, OK 73102Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent ProductionContact Person: Stephen MoriartyPhone: 405-600-7704Date: 7/18/16Signature: [Signature] TrusteeNew Operator's License No. 35341 ✓New Operator's Name & Address: River Rock Operating, LLC211 N. Robinson, Suite 200Oklahoma City, OK 73102Title: Vice-President OperationsContact Person: Jim AllenPhone: 405-606-7481Oil / Gas Purchaser: Unknown / B.P. Energy Company **KCC WICHITA**Date: 6/22/16 **JUL 27 2016**Signature: [Signature] **RECEIVED**

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 15-099-23546 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
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____ .

Date: _____

Authorized Signature

DISTRICT _____ EPR 11/23/16 PRODUCTION 11-28-2016 UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: Adams Living Trust * Location: SE NW NE SE §1-T32S-R18EP

KCC WICHITA
JUL 27 2016
RECEIVED

* 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
Name: River Rock Operating LLC
Address 1: 211 North Robinson
Address 2: Suite 200
City: Oklahoma City State: OK Zip: 73102 + _____
Contact Person: Jim Allen
Phone: (405) 606-7481 Fax: (405) 606-7483
Email Address: jim@cardinalriver.com

Well Location:
SE NW NE SE Sec. 1 Twp. 32 S. R. 18 ☒ East ☐ West
County: LABETTE
Lease Name: ADAMS LIVING TRUST Well #: 1-1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

SE §1-T32S-R18E

KCC WICHITA

JUL 27 2016

Surface Owner Information:

Name: ROBERT E. ADAMS & CAROLYN ADAMS LIVING TRUST
Address 1: 21069 JACKSON RD
Address 2: _____
City: PARSONS State: KS Zip: 67357 + _____

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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 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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address 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 KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 6/22/16 Signature of Operator or Agent: _____ Title: Vice President of Operations