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: 422 16			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 224776			
Gas Gathering System:	Lease Name: ARNOLD #1-33			
Saltwater Disposal Well - Permit No.:	<u>NESWSWSWSec33Twp34S_R18</u>			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	SW§33-34S-18E			
Entire Project: Yes No	County: LABETTE			
Number of Injection Wells***	Production Zone(s): MULKY & SUMMIT COALS			
Field Name: VALEDA	Injection Zone(s):			
** Side Two Must Be Completed.	injection zono(a).			
Surface Pit Permit No.: 150-99-23219	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)				
Type of Pit: Emergency Burn Settling				
Past Operator's License No. 33343 /	Contact Person: Stephen Moriarty			
Past Operator's Name & Address: Postrock Midcontinent	Phone: 405-600-7704			
Production LLC, 210 Park Ave, Ste 2750, OKC, OK 73102	Date: 7/8//6			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production	Signature: Trustee			
Tile.	KCC WICH!T			
New Operator's License No. 35341 /	Contact Person: Jim Allen			
New Operation's License No.	Phone: 405-606-7481 JUL 2 7 2016			
New Operator's Name & Address: River Rock Operating, LLC	Oil / Gas Purchaser: Unknown / B.P. Energy Company RECEIVED			
211 N. Robinson, Suite 200	s / 1 i s			
Oklahoma City, OK 73102	Date: 6/22/16			
Title: Vice-President Operations	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # 150-99-23219 has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
Commission records only and account commy any officers				
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	11-10-110 NOV 18 2016			
	PRODUCTION District			
Mail to: Past Operator New Operator	Ji District			

Side Two

Must Be Filed For All Wells

	No.: 224776			UE OVALOVALOVAL COO TO	4C D49E
* Lease Name:	ARNOLD #1-33		* Location:N	IE SW SW SW §33-T3	43-K18E
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
33-1	15-099-23219	358 Circle	357 Circle	Gas	Producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
					KCC WICHIT
					JUL 27 2016
		EOL (EN)			RECEIVE
					
		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

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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.

	Well Loading			
OPERATOR: License # 35341	Well Location: NE _SW_SW_SW Sec. 33 Twp. 34 S. R. 18 X East West			
Name: River Rock Operating LLC Address 1: 211 North Robinson	County: LABETTE			
Address 1: Suite 200	Lease Name: ARNOLD 1-33 Well #: 1-33			
City: Oklahoma City State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
City: State: Zip:+	the lease below:			
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	S₩ §33-34S-18E			
Email Address: jim@cardinalriver.com	- 			
LIMAII Address: 2	CHILL			
KUO 0.7	2016			
Email Address: jim@cardinalriver.com **CC WI** Surface Owner Information: Name: ARNOLD REV TRUST, RAY PRESTON				
vanie.				
Address 1: ARNOLD REV TRUST, RONALD R Address 2: 4302 ROYAL ABERDEEN ST	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: COLUMBIA State: MO Zip: 65203 +	_			
City: Colombia State: The Zip: Colombia State:	-			
the KCC with a plat showing the predicted locations of lease roads, to	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat if on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon which the subject well is or will b	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this less 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 handleform and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.			
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.			
···	3. 1 1 <i>1</i>			
Date: 6/27/16 Signature of Operator or Agent:	Vice President of Operations			