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 Compilance 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 **	KS Dept of Revenue Lease No.: 232307
Gas Gathering System:	Lease Name: Phillips, Calvin D
Saltwater Disposal Well - Permit No.:	<u>NW. SE_sec. 14_twp. 31S_R. 17E_</u> VE_W
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: <u>N2 SE</u>
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Labette
Number of Injection Wells**	Production Zone(s): Cherokee Coals
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):
** Side Two Must Be Completed.	Injection Zone(s).
Surface Pit Permit No.:	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
	Ctophen Majorti
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	Date:
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: My Troo Jee
	Co. Allan
New Operator's License No. 35341 V	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 Company KCC WICHITA
Oklahoma City, OK 73102	Date: 7/11/16 JUL 2 7 2016
Title: Vice President - Operations	Signature: RECEIVED
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1509924606 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	
••••••••••••••••••••••••••••••••••••••	
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	
	PRODUCTION 12-6-2016 UIC TO 2014
Mail to: Past Operator New Operat	UIUISTITUT

Must Be Filed For All Wells

		/	
KDOR Lease No	232307	1	

Lease Name:	Phillips, Calvin D	*Location: NW SE 14-31S-17E			
Well No.	API No: (YR DRLD/PRE 67) 1509924606	Footage from Section Line (i.e. FSL = Feet from South Line) 1980 FSL 1980 FEL		Type of Well Well Status (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned	
14-1				Gas	Producing
		FSL/FNL	FEL/FWL	<u> </u>	<u> </u>
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	11	JL 27 2016
		FSL/FNL	FEL/FWL		RECEIVED
			FEL/FWL		
		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.

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	
Name: River Rock Operating, LLC Address 1: 211 North Robinson	County: Labette
Address 2: Suite 200	Lease Name: Phillips, Calvin D Well #: 14-1
City: Oklahoma City State: OK Zip: 73102	2 + If filing a Form T.1 for multiple wells on a lease enter the local description of
Contact Person: Jim Allen	the lease below:
Contact Person: Jim Allen Phone: (405) 606-7481	06-7483 N2 SE
Email Address: jim.allen@riverrockoperating.com	
Surface Owner Information:	CC VV. 2016
Name: PHILLIPS, CALVIN D	RECEVED hen 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
Address 1: PHILLIPS, KAREN L	sheet listing all of the information to the left for each surface owner. Surface
Address 2: 24078 ELK RD	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: DENNIS State: KS Zip: 6734	<u></u>
the KCC with a plat showing the predicted locations of	nt) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and flease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat 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:	
owner(s) of the land upon which the subject	e Owner Notice Act (House Bill 2032), I have provided the following to the surface well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this one number, fax, and email address.
KCC will be required to send this information task, I acknowledge that I must provide the n	face owner(s). I acknowledge that, because I have not provided this information, the to the surface owner(s). To mitigate the additional cost of the KCC performing this name and address of the surface owner by filling out the top section of this form and e, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, Form	e \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 n T-1, or Form CP-1 will be returned.
I have been a sufficient to the suffine sufficient to the sufficient to the sufficient to the sufficie	
t nereby certify that the statements made herein are t	ifue and correct to the best of my knowledge and belief
I hereby certify that the statements made herein are t	true and correct to the best of my knowledge and belief. Vice President - Operations