District

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: Effective Date of Transfer: 06/22/16 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells _____1 225749 L KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Phillips, Calvin D Saltwater Disposal Well - Permit No.: ___ SW. NW. NE. NW Sec. 16 Twp. 31S R. 18E ▼E W _ feet from N / S Line Legal Description of Lease: E2 NW feet from E / W Line Enhanced Recovery Project Permit No.: Labette Entire Project: Yes No County: Number of Injection Wells Production Zone(s): Riverton CHEROKEE BASIN COAL AREA Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1509923676 feet from N/ S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section KH -Drilling Settling Haul-Off Workover Type of Pit: Emergency Contact Person: __Stephen Moriarty Past Operator's License No. 405-600-7704 Postrock Midcontinent Production LLC Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Date: Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Contact Person: Jim Allen 35341 New Operator's License No. KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 Oil / Gas Purchaser: BP Energy Company 211 N. Robinson, Suite 200 JUL 27 2016 7/11/16 Oklahoma City, OK 73102 Title: Vice President - Operations Signature: 1509923676 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: ___ _____ Recommended action: Date: Authorized Signature Authorized Signature DISTRICT -

Mail to: Past Operator

Must Be Filed For All Wells

KDOR Lease	No.: 225749 🗸		_			
Lease Name: Phillips, Calvin D				Location: SW NW NE NW 16-31S-18E		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 516 FNL 1589 FWL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
16-1	1509923676			Gas	Producing	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		KCC WICHITA	
					— JUL 2 7 2016	
		FSL/FNL			1 (2021)	
			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

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	SW-NW-NE-NW Sec. 16 Twp. 31S S. R. 18E X East West		
Address 1: 211 North Robinson	County: Labette		
Address 2: Suite 200	Lease Name: Phillips, Calvin D Well #: 16-1		
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:		
Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483	E2 NW		
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: PHILLIPS, CALVIN D	HITA		
Surface Owner Information: 21	5019		
Name: PHILLIPS, CALVIN D	ENEWhen 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 owner information can be found in the records of the register of deeds for the		
Address 2: 24078 ELK RD	county, and in the real estate property tax records of the county treasurer.		
City: DENNIS State: KS Zip: 67341 +			
the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enter	athodic Protection Borehole Intent), you must supply the surface owners and , 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	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, 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 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 han form 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 n CP-1 will be returned.		
I hereby certify that the statements made herein are true and corre	ect to the best of my knowledge and belief.		
Thereby certify that the statements made herein are the and cent	v A		
	Vice President - Operations		