### 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:	I
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.: 225611
Gas Gathering System:	Lease Name: Dudley, Edwinna G
Saltwater Disposal Well - Permit No.:	E2 - W2- SW- NW Sec. 24 Twp. 29S R. 17E VE W
Spot Location: feet from N / S Line	Legal Description of Lease: E2 W2 SW NW §24-T29S-R17E
feet from L E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	Noosha
Entire Project: Yes No	County: Neosho
Number of Injection Wells**	Production Zone(s): Arbuckle Dolomite, Riverton
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: 1513326193	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	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	Date:
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Two tel
New Operator's License No. 35341	Contact Person: Jim Allen
New Operator's Name & Address: River Rock Operating, LLC	
211 N. Robinson, Suite 200	Phone: 405-606-7481  Oil / Gas Purchaser: BP Energy
Oklahoma City, OK 73102	7/12/16 / 1/1 2.7 2016
Title: Vice President - Operations	
Title: Vice i residente opposationis	Signature: RECEIVE
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # 1513326193 has been
	n 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.:
. Heconimonada action.	politicad by No.
Date:	Date:
Authorized Signature /	Authorized Signature
DISTRICT EPR /2/12/16	PRODUCTION 12-13-16 DEC 13 ZU 10
Mail to: Past Operator New Opera	ator District

#### Must Be Filed For All Wells

KDOR Lease	No.: 225611				
* Lease Name:	Dudley, Edwinna G		* Location:E	2 W2 SW NW 24-29S	-17E
Well No.	API No. (YR DRLD/PRE 67)	Footage from Section L (i.e. FSL = Feet from South		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
24-3	1513326193 🗸	1969 FNL 505 FWL		Gas	Producing
		FSL/FNL	FEL/FWL	<u></u>	
	****	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
<del></del>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		IUL 27 2016
		FSL/FNL	FEL/FWL		JUL 27 2016 RECEIVED
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

\_FSL/FNL \_

\_\_\_FEL/FWL

<sup>\*</sup> 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.

OPERATOR: License # 35341	_ Well Location:
Name: River Rock Operating, LLC	<u>E2 - W2 - SW - NW</u> Sec. <u>24</u> Twp. <u>29S</u> S. R. <u>17E</u> <b>X</b> East West
Address 1: 211 North Robinson	County: Neosho
Address 2: Suite 200	Lease Name: Dudley, Edwinna G Well #: 24-3
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:
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	E2 W2 SW NW §24-T29S-R17E
Email Address: jim.allen@riverrockoperating.com	
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  Email Address: jim.allen@riverrockoperating.com  Surface Owner Information:  Name: BELL DONNIE R & VERA M  Address 1: REVOCABLE TRUST	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
Name: BELL DONNIE R & VERA M	When filling a Form T-1 involving multiple surface owners, attach an additional
Address 1: REVOCABLE TRUST	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: 2565 100TH RD	county, and in the real estate property tax records of the county treasurer.
City: THAYER State: KS Zip: 66776 +	_
	hodic Protection Borehole Intent), you must supply the surface owners and
are preliminary non-binding estimates. The locations may be entered	ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
select one of the following:    Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	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
are preliminary non-binding estimates. The locations may be entered Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface	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.  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
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Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address, I am being charged a \$30.00 handling fee, payable to the three transfer of the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CB form and the second option is the second option.	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 rand email address.  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.  Ing fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.