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:	ted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 6/27/16			
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 231165			
Gas Gathering System:	Lease Name: BANOWETZ, JAMES F. 9-1			
Saltwater Disposal Well - Permit No.:	S/2 N/2 NE SE Sec. 9 Twp. 34S R. 18E ₩			
Spot Location: feet from N / S Line	1			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	SE § 9-34S-18E			
Entire Project: Yes No	County: LABETTE			
Number of Injection Wells **	Production Zone(s): ARBUCKLE			
Field Name: CHEROKEE BASIN COAL	Injection Zone(s):			
** Side Two Must Be Completed.	Injection Zone(s).			
150-99-23603	feet from N/ S Line of Section			
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section			
	Haul-Off Workover Drilling			
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	7/8/16			
	1 Trootee			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production	Signature:			
35341	Contact Person: Jim Allen			
New Operator's License No. 35341 /	Phone: 405-606-7481 KCC WICHIT			
New Operator's Name & Address: River Rock Operating, LLC	1,00			
211 N. Robinson, Suite 200	Oil / Gas Purchaser: Unknown / B.P. Energy Company			
Oklahoma City, OK 73102	Date: 6/22/16 PECEIVED			
Title: Vice-President Operations	Signature: TRECTIVED			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit #150-99-23603 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				
	T			
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: 0.10			
Authorized Signature	Authorized Signature 8 2016			
DISTRICT EPR _///17/16	PRODUCTION UIC UIC			
Mail to: Past Operator District				

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 231165		·····		
	BANOWETZ, JAMES F. 9-1	* Location:S/2 N/2 NE SE § 9-T34S-R18E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
9-1	15-099-23603 🗸	2130 FS)/FNL	660 Circle	Gas	Producing
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cat	hodic Protection Borehole Intent) X 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: S/2 _N/2_NE_SE _Sec. 9Twp. 34 _s. R. 18 _ is East _ West County: LABETTE Lease Name: BANOWETZ, JAMES F. 9-1Well #: 9-1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: SE § 9-T34S-R18E
Email Address: Jimesardmanver.ess KCC WICHITA	
Surface Owner Information: Name: JAMES F AND MARIE A BANOWETZ JUL 27 2016 Address 1: 10012 FORD RD RECEIVED Address 2:	When filing a Form T.1 involving multiple surface owners, attach an additional
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	nameries nicellines, and electrical lines, The locations offern and Fish
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an	eing filed is a Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send this information to the Surface OW	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.
If choosing 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 CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.
I hereby certify that the statements made herein are true and correct to Date: 7 1 6 Signature of Operator or Agent:	the best of moknowledge and belief. Vice President of Operations Title: