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,

Check Applicable Boxes: MUST be submi	tted with this form.			
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.: 230390			
Gas Gathering System:	Lease Name: Brant, Jerry			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	NE_ NE_ NE_ Sec. 3 Twp. 29S R. 18E VE W			
feet from E / W Line	Legal Description of Lease: E2 NE			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Neosho Production Zone(s): Cherokee coals			
Number of Injection Wells**				
Field Name: CHEROKEE BASIN COAL AREA				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: 1513327315	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			
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: 7/20/16			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Mr., Trosler			
New Operator's License No. 35341	Contact Person: Jim Allen			
	Phone: 405-606-7481 KCC WICHITA			
New Operators Marie & Address.	1111 0 7 204C			
211 N. Robinson, Suite 200	0117 000 1 010 1000 1			
Oklahoma City, OK 73102	Date: 7/15/16 RECEIVED			
Title: Vice President - Operations	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit #1513327315 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.:			
Date:	Date:			
Authorized Signature	Authorized Signature 3 2016			
DISTRICT EPR /2/12/14	PRODUCTION 12-13-14 UNEC 13 2010			
Mail to: Past Operator New Opera	ator District			

Side Two

Must Be Filed For All Wells

* Lease Name: _	Brant, Jerry		* Location:NE NE NE 3-29S-18E			
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)	
3-3	1513327315	330 FNL 330 FE	<u>L</u>	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				
		FSL/FNL				
		FSL/FNL				
		FSL/FNL				
					KCC WICHITA	
		FSL/FNL				
					RECEIVED	
········		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.

3 ,,	1 (Calhodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗌 CP-1 (Plugging Application)
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	
Address 1: 211 North Robinson	County: Neosho
Address 2: Suite 200	Lease Name: Brant, Jerry Well #: 3-3
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	CHITARINE
Email Address: jim.allen@riverrockoperating.com	_ 2016
Surface Owner Information:	the lease below: CHITE? NE 2016 CEIVED When filling a Form T-1 involving multiple surface owners, attach an additional
Name: BARNOW ROBERT D & RACHELLE	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2: 6885 130TH 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: CHANUTE State: KS Zip: 66720 +	-
the KCC with a plat showing the predicted locations of lease roads, to	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
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 form 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.	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and
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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.
I hereby certify that the statements made herein are true and correct	to the best of my knowledge and belief.
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations