### 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:  | ttea 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.: 232085                                       |
| Gas Gathering System:  | Lease Name: Smith, John W  |
| Saltwater Disposal Well - Permit No.:                                      |  |
| Spot Location: feet from N / S Line  |  |
| feet from E / W Line   | Legal Description of Lease: NW   |
| Enhanced Recovery Project Permit No.:                                      |  |
| Entire Project: Yes No   | County: Labette  |
| Number of Injection Wells***   | Production Zone(s): Riverton   |
| Field Name: CHEROKEE BASIN COAL AREA                                       |  |
| ** Side Two Must Be Completed.   | Injection Zone(s):   |
| Surface Pit Permit No.: 1509923596   | feet from N / S Line of Section  |
| (API No. if Drill Pit, WO or Haul)   |  |
| To at Dis Conting Conting  |  |
| Type of Pit: Emergency Burn Settling                                       |  |
| Past Operator's License No   | 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: 7/13/14  |
| Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod | Signature: In Trustel  |
|  |  |
| New Operator's License No  | Contact Person: Jim Allen  |
| New Operator's Name & Address: River Rock Operating, LLC                   | Phone: 405-606-7481  RP Energy Company  KCC WICHITA                        |
| 211 N. Robinson, Suite 200   | Oil / Gas Purchaser: Di Enorgy Company                                     |
| 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 #1509923596 has been                     |
|  | 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   |
| DISTRICT EPR 12/6/16   | PRODUCTION 12-7-2016 UIC   |
| Mail to: Past Operator New Opera   |  |

#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease                | No.: 232085                            |  |                             |                                   |                                      |  |  |
|---------------------------|--|--|-----------------------------|-----------------------------------|--------------------------------------|--|--|
| Lease Name: Smith, John W |  |  | *Location: NW NW 22-34S-18E |                                   |                                      |  |  |
| Well No.                  | API No.<br>(YR DRLD/PRE 67)            | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                             | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |  |  |
| 22-1                      | 1509923596 /                           | 660 FNL 660 FW   | <u>/L</u>                   | Gas                               | Producing                            |  |  |
|                           | ·                                      | FSL/FNL  | FEL/FWL                     | <u></u>                           |                                      |  |  |
|                           |  | 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  |                             |                                   |                                      |  |  |
| -                         |  |  |                             |                                   |                                      |  |  |
|                           |  |  |                             |                                   |                                      |  |  |
|                           |  |  |                             |                                   |                                      |  |  |
|                           |  |  |                             |                                   |                                      |  |  |
|                           |  |  |                             |                                   |                                      |  |  |
|                           |  |  |                             |                                   |                                      |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   | _                                    |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |  |
|                           | ************************************** | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   |                                      |  |  |
|                           |  |  | FEL/FWL                     |                                   | KCC WICHITA                          |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   | JUL 2 7 2016                         |  |  |
|                           |  | FSL/FNL  | FEL/FWL                     |                                   | RECEIVED                             |  |  |
|                           |  |  | FEL/FWL                     |                                   |                                      |  |  |

A separate sheet may be attached if necessary

<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.

| Select the corresponding form being filed: C-1 (Intent) CB-  | 1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)   |
|--|--|
| OPERATOR: License # 35341  | Well Location:   |
| Name: River Rock Operating, LLC  |  |
| Address 1: 211 North Robinson  | County: Labette  |
| Address 2: Suite 200   | Lease Name: Smith, John W Well #: 22-1   |
| City: Oklahoma City State: OK Zip: 73102 +   |  |
| Contact Person: Jim Allen  | the lease below:   |
| Phone: (405 \ 606-7481   | NW   |
| Email Address: jim.allen@riverrockoperating.com  | HITA   |
| Email Address:jim.allen@riverrockoperating.com  Surface Owner Information: Name: _SMITH, JOHN W  Address 1: SMITH, CAROL A                                     | 2016 ENEMEN filling 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       |
| (Iddiooo ).  | <ul> <li>owner information can be found in the records of the register of deeds for the</li> </ul>   |
| Address 2: 5030 HARPER RD  | county, and in the real estate property tax records of the county treasurer.   |
| City: <u>EDNA</u> State: <u>KS</u> Zip: <u>67342</u> +   | _  |
| 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 | 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.  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 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 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 e KCC, 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 C                         | ng fee with this form. If the fee is not received with this form, the KSONA-1<br>P-1 will be returned.   |
|  |  |
| I hereby certify that the statements made herein are true and correct  |  |
| Date: 7/18/16 Signature of Operator or Agent:  | Vice President - Operations  |