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:	nueu wun uns 10nn. 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.: 231293			
Gas Gathering System:	Lease Name: Swiler, Ken			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: N2 SW			
Enhanced Recovery Project Permit No.:	County: Neosho Production Zone(s): Cherokee Coals			
Entire Project: Yes No				
Number of Injection Wells**				
Field Name: CHEROKEE BASIN COAL AREA				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: 1513327326	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)	feet from F / 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				
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Date: Trostee Signature: Mr. Trostee			
New Operator's License No35341	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481 KCC WICH			
211 N. Robinson, Suite 200				
Oklahoma City, OK 73102				
Title: Vice President - Operations	Date: //15/16 Signature: RECEIVE			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
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			
DISTRICT EPR _/2//6	PRODUCTION 12-13-16 UIC 13 20 19			
Mail to: Past Operator New Opera	ator District			

Must Be Filed For All Wells

Lease Name: Swiler, Ken			* Location: NW NW SW 3-29S-18E		
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
-2	1513327326	2290 FSL 430 FWL		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICH
		FSL/FNL	FEL/FWL		JUL 2.7 2
		FSL/FNL	FEL/FWL		JUL 27 E
		FSL/FNL	FEL/FWL		
		FSL/FNL	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.

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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	
Address 1: 211 North Robinson	
Address 1:	Lease Name: Swiler, Ken Well #: 3-2
Address 2:	Lease Name: Switch, Roll Well #:
City: Oklahoma City State: OK Zip: 7310 Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 6	# If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: GITT Alleri	06-7483 N2 SW
Phone: (405) 606-7481 Fax: (405) 6	100-7403 112-0-1
Email Address: jim.allen@riverrockoperating.com	N2 SW WICHITA N2 SW 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
	CC 1 2016
Surface Owner Information:	IIL 21 MED
Name: KRAFT KEITH R	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
Addless I.	owner information can be found in the records of the register of deeds for the
Address 2: 6260 183RD RD	county, and in the real estate property tax records of the county treasurer.
City: CHANUTE State: KS Zip: 6672	20+
	of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted
owner(s) of the land upon which the subject CP-1 that I am filing in connection with this form; and 3) my operator name, address, phosphare I have not provided this information to the su KCC will be required to send this information task, I acknowledge that I must provide the	ce Owner Notice Act (House Bill 2032), I have provided the following to the surface well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this one number, fax, and email address. If ace owner(s). I acknowledge that, because I have not provided this information, the in to the surface owner(s). To mitigate the additional cost of the KCC performing this name and address of the surface owner by filling out the top section of this form and bee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of th form and the associated Form C-1, Form CB-1, For	e \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA- n T-1, or Form CP-1 will be returned.
**5 Anic .	
hereby certify that the statements made herein are	true and correct to the best of my knowledge and belief.
I hereby certify that the statements made herein are	true and correct to the best of my knowledge and belief. Vice President - Operations