

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:

- Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells 1 \_\_\_\_\_ \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_
- Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: CHEROKEE BASIN COAL

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 6/22/16

KS Dept of Revenue Lease No.: 231150

Lease Name: ADKINS, LARRY D.

S/2 - NE - SW - SW Sec. 4 Twp. 31S R. 19  E  W

Legal Description of Lease: SW § 4-31S-19E

County: LABETTE

Production Zone(s): CHEROKEE GROUP COALS

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: 150-99-24477  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling  KH

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

Date: 7/8/16

Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production

Signature: [Signature]

New Operator's License No. 35341

Contact Person: Jim Allen

New Operator's Name & Address: River Rock Operating, LLC

Phone: 405-606-7481

211 N. Robinson, Suite 200

Oil / Gas Purchaser: Unknown / B.P. Energy Company

Oklahoma City, OK 73102

Date: 6/22/16

Title: Vice-President Operations

Signature: [Signature]

KCC WICHITA

JUL 27 2016

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**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # 150-99-24477 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 above injection well(s) or pit permit.

\_\_\_\_\_ is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: \_\_\_\_\_ .

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ EPR 11/17/16 PRODUCTION 11-18-16 UIC \_\_\_\_\_  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

NOV 18 2016



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Form KSONA-1  
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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)  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\_NE\_SW\_SW Sec. 4 Twp. 31 S. R. 19  East  West  
County: Montgomery  
Lease Name: ADAMS LIVING TRUST Well #: 4-1  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
SW §4-T31S-R19E

**Surface Owner Information:**

Name: FRANCIS A. GRILLOT FR. R/T  
Address 1: 8 TOMAHAWK CT  
Address 2: \_\_\_\_\_  
City: O FALLON State: MO Zip: 63366 + \_\_\_\_\_

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*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 county, and in the real estate property tax records of the county treasurer.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-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: 6/22/16 Signature of Operator or Agent: \_\_\_\_\_ Title: Vice President of Operations