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 b	e submitted 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.: 225729
Gas Gathering System:	Lease Name: Myers, Leroy B
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Lin	SE - NW. NE - SW sec. 4 Twp. 31S R. 18E VE W
feet from E / W Lin	e Legal Description of Lease: <u>E2 SW</u>
Enhanced Recovery Project Permit No.:	-
Entire Project: Yes No	County: Labette
Number of Injection Wells**	Production Zone(s): Mississippi
Field Name: CHEROKEE BASIN COAL AREA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: 1509923681	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 Monarty
Past Operator's Name & Address: Postrock Midcontinent Production	Phone: 405-600-7704
210 Park Ave, Okla. City, OK 73102	- $ -$
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent	
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	Phone: 405-606-7481 Oil / Gas Purchaser: BP Energy Company ONE
Oklahoma City, OK 73102	Date: 7/11/16 \ JUL 27 2016
Title: Vice President - Operations	Signature: RECEIVED
Acknowledgment of Transfer: The above request for transfer of	injection authorization, surface pit permit #1509923681has been
	rporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest	
is acknowled	ged asis acknowledged as
the new operator and may continue to inject fluids as authorize	zed by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
:	
Date:	Authorized Signature
DISTRICT EPR /2/8//4	PRODUCTION 12-9-20/6 DEG 0 9 2016
5.5	District

Side Two

Must Be Filed For All Wells

	No.: 225729			DE ABALAIE OVALA CAC	105	
* Lease Name: Myers, Leroy B			* Location: SE NW NE SW 4-31S-18E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 2003 FSL 1966 FWL		Type of Well (Oil/Gas/INJ/WSW) Gas	Well Status (PROD/TA'D/Abandoned) Producing	
4-1	1509923681					
		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			
		F\$L/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
		FSL/FNL			KCC WICHIT	
		FSL/FNL			JUL 27 2016	
			FEL/FWL		RECEIVED	
		FSL/FNL				
		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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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	1 (Cathodic Protection Borehole Intent)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC			
Address 1: 211 North Robinson	County: Labette		
Address 2: Suite 200	Lease Name: Myers, Leroy B Well #: 4-1		
City: Oklahoma City State: OK Zip: 73102 +			
Contact Person: Jim Allen	the lease below:		
105 000 7104 105 000 7100	E2 SW		
Email Address: jim.allen@riverrockoperating.com	ATA		
NICh			
Surface Owner Information:	501 ₀		
Name: SCHWARTZ, JACOB C	The filing a Form T.1 involving multiple surface support attach an additional		
Address 1: SCHWARTZ MARY P sheet listing all of the information to the left for each surface ov			
Address 2: 538 26000 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: DENNIS State: KS Zip: 67341 +			
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and the 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.		
Select one of the following:			
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,	Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the		
KCC will be required to send this information to the surface of	owner(s). To mitigate the additional cost of the KCC performing this so 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 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	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: 7/18/16 Signature of Operator or Agent:	Vice President - Operations Title:		