062216_Ralph_Bussman_19_1.pdf

SCANNED

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 Effective Date of Transfer: 06/22/16 Gas Lease: No. of Gas Wells ______1 KS Dept of Revenue Lease No. Gas Gathering System:_ Lease Name: Bussman, Ralph E Saltwater Disposal Well - Permit No.: ___ ___feet from N/ S Line _____feet from ___ E / __ W Line Legal Description of Lease: W2 NE Enhanced Recovery Project Permit No.:_ Entire Project: Yes No Labette County: Number of Injection Wells _ Production Zone(s): Riverton CHEROKEE BASIN COAL AREA Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1509923551 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 Stephen Meriarty Contact Person: __ Past Operator's Name & Address: Postrock Midcontinent Production LLC Phone: 405-600-7704 210 Park Ave, Okla. City, OK 73102 Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: New Operator's License No. . Contact Person: Jim Allen New Operator's Name & Address: __River Rock Operating, LLC Phone: 405-606-7481 KCC WICHITA 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Company JUL 27 2016 Oklahoma City, OK 73102 Date: __7/11/16 Title. Vice President - Operations RECEIVED Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #. 1509923551 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 _ 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 ____. Recommended action: permitted by No.: _ Authorized Signature Authorized Signature DISTRICT .. Mail to: Past Operator_ **New Operator**

Side Two

Must Be Filed For All Wells

Lease Name:_	Bussman, Ralph E		*Location:C	NW NE 19-33S-18	BE
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)
19-1		660 FNL 1980 FEL		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		
		FSL/FNL	FEL/FWL _		KCC WICHI
		FSL/FNL	_FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		RECEIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	_FEL/FWL		

^{*} 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.

Select the corresponding form being filed: C-1 (Inlent) CB-1 (C	Sathodic Protection Borehole Intent)		
OPERATOR: License # 35341 Name: River Rock Operating, LLC	Well Location:		
Address 1: 211 North Robinson			
	County: Labette		
Address 2: Suite 200	Lease Name: Bussman, Ralph E Well #: 19-1		
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
405 606 7494 405 600 7400	W2 NE		
Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: PALMER, GARY DALE Phone: (405) 606-7483 Fax: (405) 606-7483	•		
- CC MIO.			
Surface Owner Information:			
Name: PALMER, GARY DALE	D Man Sin S S		
Name: PALMER, GARY DALE Address 1: PALMER, JENNIFER L RECEIVE	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		
Address 2: 371 12000 RD	county, and in the real estate property tax records of the county treasurer.		
City: MOUND VALLEY State: KS Zip: 67354 +			
the KCC with a plat showing the predicted locations of lease roads, tank I are preliminary non-binding estimates. The locations may be entered on Select one of the following:	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 Accowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filling in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form		
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this 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 to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.		
Date: 7/18/16 Signature of Operator or Agent:	Vice President - Operations Title:		