### 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: June 24, 2016 Oil Lease: No. of Oil Wells . Effective Date of Transfer: Gas Lease: No. of Gas Wells \_ KS Dept of Revenue Lease No.: 227697 Gas Gathering System: Lease Name: SCHWATKEN REV TRUST Saltwater Disposal Well - Permit No.: \_\_\_ \_\_C \_\_ NE \_\_ SE \_Sec. \_24 \_Twp. \_31S \_R. \_14 \_\_ F \_ W feet from N/S Line Spot Location: \_ Legal Description of Lease: \_\_E/2 LESS BEG @ SE/C OF S/2 NE OF SECT. 24, feet from E / W Line N 409.5', W 359.3', S 409.5', E 359.3' TO POB  $\S$ 24-R31S-T14E Enhanced Recovery Project Permit No.: \_ County: MONTGOMERY Entire Project: Yes No Number of Injection Wells \_ Production Zone(s): RIVERTON Field Name: CHEROKEE BASIN COAL Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: 1512530652 \_ feet from N / S Line of Section (API No. if Drill Pit. WO or Haul) W Line of Section feet from Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling Stephen Moriarty Past Operator's License No. Contact Person: \_ Past Operator's Name & Address: Postrock Midcontinent Phone: 405-600-7704 Date: \_\_\_\_ Production LLC, 210 Park Ave, Ste 2750, OKC, OK 73102 Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production Signature: Contact Person: Jim Allen New Operator's License No. . KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: B.P. Energy Company Date: June 24, 2016 Oklahoma City, OK 73102 Vice President Operations Signature: 1512530652 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ 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.: \_ DISTRICT -

Mail to: Past Operator\_

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 227697 <b>▶</b>				
* Lease Name:	SCHWATKEN REV TRUST		* Location:	C NE SE § 24-T31S-R14	EP
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from from from from from from from from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
24-2	30652 √ 15-00125 <del>3058</del> 6	1980 FSL FNL	660 FEL FWL	Gas	Producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		•
	447744444	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
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	-		FEL/FWL		L <del>2 7 2016</del>
					-
<del></del>					
		FSL/FNL	FEL/FWL		•
		FSL/FNL	FEL/FWL		
		FSL/FNL	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			
Name: River Rock Operating LLC	Well Location:		
Address 1: 211 North Robinson	CNESESec. 24 _Twp. 31 _S. R. 14 _X East _ West Wontgomery		
Address 2: Suite 200	Lease Name: SCHWATKEN REVO. TRUST Well #: 24-2		
City: Oklahoma City State: OK Zip: 73102	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Jim Allen			
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	E/0.1 E00 DE0 0 0E/0 0E 0/0 NE 0E 0E0		
Email Address: jim@cardinalriver.com	E/2 LESS BEG @ SE/C OF S/2 NE OF SECT 24, N 409.5', HITA 59.5', S 409.5', E 359.3' TO POB §24-T31S-R14E		
Surface Owner Information: Name: WILBER & VEVA SCHWATKEN TRUSTEES RECEI	2016 VED/hen filling a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 5615 CR 2100	sheet listing all of the information to the left for each surface owner. Surface		
Address 2: ROUTE 1, BOX 71	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: ELK CITY State: KS Zip: 67344 +			
the KCC with a plat showing the predicted locations of lease roads, tail	nodic Protection Borehole Intent), you must supply the surface owners and nk 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.		
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,  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g 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 t	to the best of my knowledge and belief.		
June 24, 2016	Vice President Operations		
Date: Signature of Operator or Agent:	Title:		