### 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 be submi	tted 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.: 230200			
Gas Gathering System:	Lease Name: McCoy, Virginia			
Saltwater Disposal Well - Permit No.:				
Spot Location:feet from N / S Line	<u>SWNW_sec19</u> Twp. <u>28SR19E</u> W			
feet from E / W Line	Legal Description of Lease: W2 NW			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Neosho			
Number of Injection Wells**	Production Zone(s): Cherokee Coals			
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):			
** Side Two Must Be Completed.	ilijection zone(s).			
Surface Pit Permit No.: 1513327215	feet from N / S Line of Section			
(API No. it 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	Date: 7/20/14			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Trustee			
New Operator's License No35341 /	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 , ILIL 2 7 2016			
Oklahoma City, OK 73102	Date: 7/18/16 RECEIVED			
Title: Vice President - Operations	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #1513327215 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			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Authorized Signature /	Authorized Signature			
1 '	PRODUCTION 12-13-16 UICLEC 13 20 19			
Mail to: Past Operator New Opera	tor District			

#### Must Be Filed For All Wells

* Lease Name: McCoy, Virginia			* Location:SW NW 19-28S-19E		
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)
19-2	1513327215	327215 1905 FNL 700 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		KCC WICHIT
		FSL/FNL	FEL/FWL	-	2 = 1040
		F\$L/FNL	FEL/FWL		RECEIVED
		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		F\$L/FNL			

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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	
Address 1: 211 North Robinson	
Address 2: Suite 200	Lease Name: McCoy, Virginia Well #: 19-2
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:
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	W2 NW
Phone: (_405) 606-7481 Fax: (_405) 606-7483  Email Address:jim.allen@riverrockoperating.com  Surface Owner Information:  Name:McCoy, Virginia  Address 1:	4P
Email Address: Jim.alien@nverrockoperating.com	
CO 11	<i>DIQ</i>
Surface Owner Information:	(ED
Name: McCoy, Virginia	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	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: 16950 JACKSON RD	county, and in the real estate property tax records of the county treasurer.
City: CHANUTE State: KS Zip: 66720 +	
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send this information to the surface ow	knowledge that, because I have not provided this information, the ner(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 CC, which is enclosed with this form.
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 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 best of my knowledge and belief.
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations Title: