## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-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 submitted with this form. **11** 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.: 232910 Gas Gathering System: Lease Name: SCHWATKEN, WILBUR A. 28-1 Saltwater Disposal Well - Permit No.: \_\_\_ NW - NE - SE - SE Sec. 28 Twp. 31S R. 14 F W \_ feet from | N / S Line Legal Description of Lease: \_ \_ feet from \_ E / W Line SE & SW §28-R31S-T14E Enhanced Recovery Project Permit No.: \_\_ Entire Project: Yes No County: MONTGOMERY Number of Injection Wells \_ Production Zone(s): CHEROKEE COALS Field Name: CHEROKEE BASIN COAL Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: 1512532129 \_\_\_ 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. Stephen Moriarty Contact Person: Postrock Midcontinent Phone: 405-600-7704 Past Operator's Name & Address: Production LLC, 210 Park Ave, Ste 2750, OKC, OK 73102 Date: \_\_\_\_ Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production Signature: KCC WICHITA New Operator's License No. . Jim Allen Contact Person: . New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 B.P. Energy Company Oil / Gas Purchaser: Oklahoma City, OK 73102 Date: \_June 24, 2016 Title: Operations Manager Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ 1512532129 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 permitted by No.: \_ Date: Authorized Signature DISTRICT . Mail to: Past Operator\_

#### Side Two

### Must Be Filed For All Wells

* Lease Name: SCHWATKEN, WILBUR A. 28-1			* Location:	* Location: NW NE SE SE § 28-T31S-R14EP		
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)	
28-1	15-12532129	1255 FSL)FNL	415 FED FWL	Gas	Producing	
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL		JUL 27 2016	
		FSL/FNL _			RECEIVED	
		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	Wall Looking		
Name: River Rock Operating LLC	Well Location:  NW NE SE SE Sec. 28 Twp. 31 S. R. 14 ⋉ East West		
Name: River Rock Operating LLC  Address 1: 211 North Robinson			
Address 2: Suite 200	Lease Name: SCHWATKEN, WILBUR A. 28-1		
City: Oklahoma City State: OK 7in: 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:		
City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen  Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	SW & SE §26-T31S-R14E		
Email Address: jim@cardinalriver.com	CHITA		
JUL 27	2016		
Surface Owner Information:			
Name: WILBER & VEVA SCHWATKEN TRUSTEES RECE Address 1: 5615 CR 2100	WED when filling 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		
Address 1:	owner information can be found in the records of the register of deeds for the		
Address 2: ROUTE 1, BOX 71  City: ELK CITY State: KS Zip: 67344 +	county, and in the real estate property tax records of the county treasurer.		
City: State: _KS Zip:+			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be locations.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being 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 task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K 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		
I hereby certify that the statements made herein are true and correct to  June 24, 2016  Date: Signature of Operator or Agent:	1 will be returned.		