REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification

	062216_Wi	lliam_Chapman_7_1.pdi
KANSAS CORPOR OIL & GAS CONS	RATION COMMISSION SERVATION DIVISION	Form T July 201
REQUEST FOR CHATRANSFER OF INJECTION Form KSONA-1, Certification of Compliance	ANGE OF OPERATON OR SURFACE PIT	DEDMIT
Check Applicable Boxes: MUST be submit Oil Lease: No. of Oil Wells	aca wat uns form.	
Gas Lease: No. of Gas Wells 1	Effective Date of Transfer: KS Dept of Revenue Lease N	/ 20
Gás Gathering System:	1	
Saltwater Disposal Well - Permit No.:	Lease Name: Chapman,	7 - 000 107 -
Spot Location: feet from N / S Line	Legal Description of Lease:	<u> </u>
Enhanced Recovery Project Permit No.:	Logar Description of Lease:	
Entire Project: Yes No	County: Labette	
Number of Injection Wells**	Production Zone(s): Unkn	ONATO
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):	OWI
** Side Two Must Be Completed.	2510(0).	
Surface Pit Permit No.: 1509923473 (API No. if Drill Pil, WO or Haul)	feet from	N / S Line of Section
Type of Pit: Emergency Bum Settling	Haul-Off Workover	Drilling KA
Past Operator's License No33343	Contact Person: Stephen Mo	riarty
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704	
210 Park Ave, Okla. City, OK 73102	Date:	13/14
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature:	- Trootee
New Operator's License No. 35341	Contact Person: Jim Allen	
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481	KCC WICHIT
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energ	
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 at		1509923473 has been
noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the at	pove injection well(s) or pit permit.	of transfer pertains to Kansas Corporation
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
DISTRICT EPR // 2 8 // 6 PF PF Mail to: Past Operator New Operator	NODUCTION $11-29-3$	
		District

Side Two

Must Be Filed For All Wells

Lease Name:	Chapman, William F		*Location:	SE NE NW	NE 7-32S-1	9E
Well No.	ÄPI No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)			f Well NJ/WSW)	Well Status (PROD/TA'D/Abandoned
7-1	1509923473 🗸	571 FNL 1415 F	EL	Gas		Producing
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
<u> </u>		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL _			
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		FSL/FNL	FEL/FWL _			
		FSL/FNL	FEL/FWL _			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KCC	WICHITA
	70.	FSL/FNL	FEL/FWL		JUL	2 7 2016
		FSL/FNL	FEL/FWL _		R	ECEIVED
		FSL/FNL	FEL/FWL _			
	nay be attached if necessary	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 (Intent) CB-1 (Ca	athodic Protection Borehole Intent)
OPERATOR: License # 35341 Name: River Rock Operating, LLC	Well Location:
Address 1: 211 North Robinson	SE-NE-NW-NE Sec. 7 Twp. 32S S. R. 19E X East West
Address 2: Suite 200	County: Labette
	Lease Name: Chapman, William F Well #: 7-1
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:
Phone: (_405) 606-7481 Fax: (_405) 606-7483	NE
	A
Surface Owner Information: Name: CHAPMAN, WILLIAM F Address 1: CHAPMAN MARY I	₩hen filing a Form T-1 involving multiple surface owners, attach an additiona
Address 1: CHAPMAN, MARY L	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: 979 20000 RD	county, and in the real estate property tax records of the county treasurer.
City: PARSONS State: KS Zip: 67357 +	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodia the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	Patteries Dipelines and electrical lines. The locations shown on the plot
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be local CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plates required by this
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner 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
If choosing the second option, submit payment of the \$30.00 handling featorm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 $_{ m V}$	e with this form. If the fee is not received with this form, the KSONA-1 vill be returned.
I hereby certify that the statements made herein are true and correct to the ${\stackrel{\wedge}{h}}$	e best of my knowledge and belief.
Date: 7/18/16 Signature of Operator or Agent:	Vice President - Operations Title: