SCANNED

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. Oil Lease: No. of Oil Wells Effective Date of Transfer: 06/22/16 Gas Lease: No. of Gas Wells __1 230101 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Stich, William A Saltwater Disposal Well - Permit No.: _____<u>SW_SW</u> Sec. <u>20</u> Twp. <u>28S_R</u> <u>19E__</u>W feet from N/ S Line _____feet from 🔲 E / 🔲 W Line Legal Description of Lease: SW Enhanced Recovery Project Permit No.:__ Entire Project: Yes No Neosho Number of Injection Wells _ Production Zone(s): Cherokee Coals CHEROKEE BASIN COAL AREA Injection Zone(s):___ ** Side Two Must Be Completed. Surface Pit Permit No.: ___1513327218 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E/ WLine of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling レイー Past Operator's License No. Stephen Moriarty Contact Person: Past Operator's Name & Address: Postrock Midcontinent Production LLC Phone: _405-600-7704 210 Park Ave, Okla. City, OK 73102 Date:. Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: New Operator's License No. -Contact Person: __Jim Allen KCC WICHITA New Operator's Name & Address: River Rock Operating, LLC Phone: 405-606-7481 211 N. Robinson, Suite 200 JUL 27 2016 Oil / Gas Purchaser: BP Energy Oklahoma City, OK 73102 7/18/16 Title: Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 1513327218 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: Authorized Signature Authorized Signature DISTRICT .. Mail to: Past Operator _ **New Operator**

Side Two

Must Be Filed For All Wells

Lease Name:	Stich, William A		* Location:	SW SW 20-28S-19E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Sout	Line h Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
20-4	1513327218	658 FSL 660 FWL		Gas	Inactive Well
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/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 WICH
 .		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		RECEIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL		
	VI	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWI		

^{*} When transferring a unit which consists of more than one lease please file a separate side two for each lease 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	Well Location:		
Name: River Rock Operating, LLC			
Address 1: 211 North Robinson	County Neosho		
Address 2: Suite 200	Lease Name: Stich, William A Well #: 20-4		
City: Oklahoma City State: OK Zip: 73102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Jim Allen	the lease below:		
Phone: (405) 606-7481 Fax: (405) 606-7483			
Email Address: jim.allen@riverrockoperating.com	P		
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: STICH WILLIAM A & P A Address 1: Address 2: 15305 JACKSON RD City: CHANUTE State: KS Zip: 66720 +	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 tound in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic 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 a Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat		
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 loc 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 plat(s) 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 own- task, I acknowledge that I must provide the name and address o 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 fifthe 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	e 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: 7/19/16 Signature of Operator or Agent:	Vice President - Operations		
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