## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Natification Act

| Check Applicable Boxes: MUST be subr   | nitted with this form.   |
|--|--|
| Oil Lease: No. of Oil Wells  | Effective Date of Transfer: 06/22/16                                       |
| Gas Lease: No. of Gas Wells 1  | KS Dept of Revenue Lease No.: 228257                                       |
| Gas Gathering System:  |  |
| Saltwater Disposal Well - Permit No.:  | Lease Name: McMillen, Billy D  |
| Spot Location:feet from [] N / [] S Line   | NW. SE. NE. SW Sec 1 Twp. 28S R. 17E VE W                                  |
| feet from E / W Line   | Legal Description of Lease: NE SW  |
| 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.   | injection zone(s).   |
| Surface Pit Permit No.:1513326674  |  |
| (AP! No. if Drill Pit, WO or Haul)   | feet from N / S Line of Section  |
| Type of Pit: Emergency Burn Settling   | feet from E / W Line of Section  |
| Jeaning [  | Haul-Off Workover Drilling KH  |
| 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: 7/20/16  |
| Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod   | Date: 7/20/16 Signature: TN.s.ker  |
|  | Orginature.  |
| New Operator's License No. 35341 (   | Contact Person: Jim Allen  |
| New Operator's Name & Address: River Rock Operating, LLC   | Phone: 405-606-7481 KCC WICH:T   |
| 211 N. Robinson, Suite 200   |  |
| Oklahoma City, OK 73102  | Oil / Gas Purchaser: BP Energy JUL 2 7 2016                                |
| Title: Vice President - Operations   | Date: 7/18/16 RECEIVED   |
| Inie:  | Signature:   |
| Acknowledgment of Transfer. The object of the second of th | 4542200074   |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kennes Community   |  |
| Commission records only and does not convey any ownership interest in the  | Commission. This acknowledgment of transfer pertains to Kansas Corporation |
| y and cooking 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:  | 1  |
| , cooming detail.  | permitted by No.:  |
| Date:  | Date:  |
| Authorized Signature   | Authorized Signature   |
| DISTRICT EPR /-9-/7  | PRODUCTION 110 17 JAN 10 2017  |
| Mail to: Past Operator New Operator  | District   |

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease No.: \_\_228257

| * Lease Name:                         | McMillen, Billy D | - Location; NE SW 1-28S-17E                                    |                                       |                                   |   |                                      |  |
|---------------------------------------|-------------------|--|---------------------------------------|-----------------------------------|---|--------------------------------------|--|
| Well No. API No.<br>(YR DRLD/PRE '67) |                   | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                                       | Type of Well<br>(Oil/Gas/INJ/WSW) |   | Well Status<br>(PROD/TA'D/Abandoned) |  |
| 1-2                                   | 1513326674 🗸      | 1979 FSL 2110 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  |                                       |                                   |   |                                      |  |
|                                       |                   | FSL/FNL  |                                       |                                   |   |                                      |  |
|                                       |                   |  |                                       |                                   |   |                                      |  |
|                                       |                   |  | · · · · · · · · · · · · · · · · · · · |                                   |   |                                      |  |
|                                       |                   |  |                                       |                                   |   |                                      |  |
|                                       |                   |  |                                       |                                   |   |                                      |  |
|                                       |                   | FSL/FNL  |                                       |                                   |   |                                      |  |
|                                       |                   | FSL/FNL  | FEL/FWL                               |                                   | -KC <sub>C</sub>                        | WICHITA                              |  |
| ·                                     |                   | FSL/FNL  | FEL/FWL                               |                                   |   | 27 2016                              |  |
|                                       | - water-          | FS <b>L/FN</b> L   | FEL/FWL                               |                                   | F                                       | 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.

#### 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 (   | Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)  |  |  |  |  |
|--|--|--|--|--|--|
| OPERATOR: License # 35341  | Well Location:   |  |  |  |  |
| Name: River Rock Operating, LLC  | NW-SE-NE-SW Sec. 1 Twp. 28S S. R. 17E X East West  |  |  |  |  |
| Address 1: 211 North Robinson  | County Neosho  |  |  |  |  |
| Address 2: Suite 200   | Lease Name: McMillen, Billy D Well #: 1-2  |  |  |  |  |
| City: Oklahoma City State: OK Zip: 73102 +   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of   |  |  |  |  |
| Contact Person: Jim Allen  | the lease below:  NE SW  |  |  |  |  |
| Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  |  |  |  |  |  |
| Email Address:jim.allen@riverrockoperating.com   | ITA  |  |  |  |  |
| Surface Owner Information:         JUL 27 20           Name:         MCMILLEN BILL LAND TRUST           Address 1:         RECEIV           Address 2:         24744 1500 RD           City:         CHANUTE         State:         KS         Zip: 66720         +  | EDWhen 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 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 Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Select one of the following: |  |  |  |  |  |
| CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a  I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner.   | 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 and email address.  Indexpendit the content of the co |  |  |  |  |
| that I am being charged a \$30.00 handling fee, payable to the I   |  |  |  |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-   | fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.  A  //  |  |  |  |  |
| I hereby certify that the statements made herein are true and correct to   | the best of my knowledge and belief.   |  |  |  |  |
| Date: 7/18/16 Signature of Operator or Agent:  | Vice President - Operations Title:   |  |  |  |  |