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, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: Gas Lease: No. of Gas Wells _ 230653 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Clevenger Rev Trust Saltwater Disposal Well - Permit No.: _- <u>- SW. NW sec. 33 Twp. 29S_R. 19E</u> 📝 E 🗍 W ___feetfrom N/SLine Legal Description of Lease: NW ___feetfrom ___E / __W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Neosho County: Number of Injection Wells _ Production Zone(s): Cherokee Coals CHEROKEE BASIN COAL AREA Field Name: Injection Zone(s):__ ** Side Two Must Be Completed. Surface Pit Permit No.: __1513327387 N / S Line of Section feet from (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling Stephen Moriarty Past Operator's License No. Contact Person: Postrock Midcontinent Production LLC 405-600-7704 Past Operator's Name & Address: 210 Park Ave, Okla. City, OK 73102 Date:. Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: New Operator's License No. 35341 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 Oklahoma City, OK 73102 7/15/16 Vice President - Operations Signature: 1513327387 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 _____ . Recommended action: permitted by No.: __ Date:_ Authorized Sianature Authorized Signature DISTRICT PRODUCTION Mail to: Past Operator _ **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 230653					
* Lease Name:	Clevenger Rev Trust		+ Location: SW NW 33-29S-19E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 1981 FNL 740 FWL		Type of Well (Oil/Gas/NJ/WSW) Gas	Well Status (PROD/TA'D/Abandoned) Producing	
33-2	1513327387 🗸					
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL		KCC WICHITA	
		FSL/FNL	FEL/FWL		JUL 27 2016	
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL			
***************************************		FSL/FNL	FEL/FWL		ANTONIA L	
***************************************		FSL/FNL	FEL/FWL			

_____FSL/FNL _____FEL/FWL _

___FSL/FNL _____FEL/FWL _

A separate sheet may be attached if necessary

^{*} 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

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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	(Calhodic Protection Borehole Intent)
OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	<u>SW-NW</u> Sec. <u>33</u> Twp. <u>29S</u> S. R. <u>19E</u> 🗶 East West
Address 1: 211 North Robinson	County: Neosho
Address 2: Suite 200	Lease Name: Clevenger Rev Trust Well #: 33-2
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:
Phone: (405) 606-7481 Fax: (405) 606-7483	NW
Email Address: jim.allen@riverrockoperating.com	HITA

Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: CLEVENGER ERNEST & Address 1: GERALDINE LIVING TRUST	EVEN Then 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 1: GERALDINE LIVING TRUST	sheet listing all of the information to the left for each surface owner. Surface
Address 2: 11130 90TH RD	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.
City: GALESBURG State: KS Zip: 66740 +	,,,
the KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and
	g 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 t	
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations