## 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:	nted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 06/22/16			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 227449 VK			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:	그는 사람이 되는 사람들이 가장 아이들은 사람들이 가장 아이들이 되었다.			
Spot Location: feet from N / S Line	NW- SE - NE - NE Sec. 16 Twp. 30S R. 19E   ✓ E W  Legal Description of Lease: NE			
feet from E / W Line				
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Neosho			
Number of Injection Wells**	Production Zone(s): Cherokee coals			
CHEROKEE BASIN COAL AREA				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:1513326546~00~01	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)				
	feet from LE / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
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	7/21/10			
	Date: Truster			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature:			
New Operator's License No35341 \rightarrow	Contact Person: Jim Allen			
New Operator's Name & Address: River Rock Operating, LLC	405-606-7481 KCC VVIO			
	27 2016			
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy JUL 27 250			
Oklahoma City, OK 73102	Date: 7/15/16 RECEIVED			
Title: Vice President - Operations	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface hit nermit # 1513326546 has been			
Acknowledgment of transfer: The above request for transfer of injection	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the	e above injection wait(s) or preparate.			
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.:			
remit no.: , necommended action:	permitted by No			
0.	Date:			
Date:	Date: Authorized Schalle 2 1017			
DISTRICT EPR /////7	PRODUCTION JAN 12 2017 UIC			
Mail to: Past Operator New Oper				

#### Must Be Filed For All Wells

Lease Name:	Trout, Earl R		_ * Location: N	W SE NE NE 16-30S-	-19E
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Section Sec		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandone
16-2	1513326546-00-01	698 FNL 596 FEL		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		
		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	K	CC MICHITA
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		JUL 27 2016 RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

FEL/FWL

FEL/FWL

FEL/FWL

FSL/FNL \_

FSL/FNL

FSL/FNL \_

<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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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.

OPERATOR: License # 35341	Well Location:	
Name: River Rock Operating, LLC Address 1: 211 North Robinson		
Address 1. 211 North Robinson	County: Neosho	
Address 2: Suite 200	Lease Name: Trout, Earl R Well #: 16-2	
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:	
Contact Person: Jim Allen Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	HITA NE	
Contact Person: Jim Allen  Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  Email Address: jim.allen@riverrockoperating.com  Surface Owner Information:  Name: TROUT EARL R & ANNA LEE  Address 1:	2016	
Surface Owner Information:	CIVED	
Name: TROUT EARL R & ANNA LEE	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1:	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: 4305 LYON RD	county, and in the real estate property tax records of the county treasurer.	
City: GALESBURG State: KS Zin: 66740 +		
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 enter Select one of the following:	ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form.	ice Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form orm being filed is a Form C-1 or Form CB-1, the plat(s) required by this ax, and email address.	
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