### 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,

| Check Applicable Boxes: MUST be subm   | itted 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.: 228250   |
| Gas Gathering System:  | Lease Name: Brant, Jerry W   |
| Saltwater Disposal Well - Permit No.:  |  |
| Spot Location: feet from N / S Line  | SW- NE - NE - SW sec. 31 Twp. 27S R. 18E   |
| 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   |  |
| ** Side Two Must Be Completed.   | Injection Zone(s):   |
| Surface Pit Permit No.: 1513326658  (API No. if Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling   | feet from N / S Line of Section  feet from E / W Line of Section  Haul-Off Workover Drilling |
| Past Operator's License No33343 /  | Contact Person: Stephen Moriarty   |
| Past Operator's Name & Address: Postrock Midcontinent Production LLC   | Phone: 405-600-7704  |
| 210 Park Ave, Okla. City, OK 73102   | 7/2/1/e  |
|  | Date:  |
| Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod   | Signature: Tustee  |
| New Operator's License No. 35341   | Contact Person:Jim Allen   |
| Divon Book Conserting III C  | Phone: 405-606-7481 KCC WICHITA  |
| New Operator's Name & Address: River Rock Operating, LLC 211 N. Robinson, Suite 200  |  |
|  | Oil / Gas Purchaser: BP Energy JUL 2 7 2016  |
| Oklahoma City, OK 73102  | Date: 7/18/16 RECEIVED   |
| Title: Vice President - Operations   | Signature:   |
| Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the | Commission. This acknowledgment 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   | PRODUCTION JAN 04 2017 WAN U4 ZUTT   |
| Mail to: Past Operator New Operat  | torDistrict  |

#### Must Be Filed For All Wells

| KDOR Lease No.: _ | 228250 | V |  |
|-------------------|--------|---|--|
|                   |        |   |  |

| * Lease Name: | Brant, Jerry W               |   | * Location:N | NE SW 31-27S-18E                  |                                      |
|---------------|------------------------------|---|--------------|-----------------------------------|--------------------------------------|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Sec<br>(i.e. FSL = Feet from S |              | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 31-2          | 1513326658                   | 2005 FSL 2073 F                             | WL           | 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      |                                   |                                      |
|               |                              | 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      |                                   | <u> </u>                             |
|               |                              | FSL/FNL                                     | FEL/FWL      |                                   |                                      |
|               |                              | FSL/FNL                                     | FEL/FWL      |                                   |                                      |
|               |                              | FSL/FNL                                     | FEL/FWL      | - KC(                             | WICHITA                              |
|               |                              | FSL/FNL                                     | FEL/FWL      |                                   | L 27 2016                            |
|               |                              |   | FEL/FWL      |                                   | 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.

| OPERATOR: License # 35341  | Well Location:   |
|--|--|
| Name: River Rock Operating, LLC  |  |
| Address 1: 211 North Robinson  | County Neosho  |
| Address 2: Suite 200   | Lease Name: Brant, Jerry W Well #: 31-2  |
| City: Oklahoma City State: OK Zip: 73102 +   | Lease Name:  |
| Contact Person: Jim Allen  | If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:   |
| Phone: (405) 606-7481 Fax: (405) 606-7483  | NE SW  |
| Email Address:iim.allen@riverrockoperating.com   |  |
|  | uTA  |
| KCC WICH   | HIA  |
| Surface Owner Information: Name: BRANT JERRY W & SHERRIE E JUL 2 7 20  | 16   |
| Name: BRANT JERRY W & SHERRIE E JUL 2 7 20   | The many a room r randoming multiple surface owners, attach an additional  |
| Address 1:RECEIV   | ED 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: 4070 120TH RD   | county, and in the real estate property tax records of the county treasurer.   |
| City: THAYER State: KS Zip: 66776 +  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath   | nodic Protection Borehole Intent), you must supply the surface owners and  |
| the KCC with a plat showing the predicted locations of lease roads, tall are preliminary non-binding estimates. The locations may be entered  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice 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,   | 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.  Act (House Bill 2032), I have provided the following to the surface located: 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.  |
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