KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 Form must be Typed Form must be Signed Alf blanks must be Fifted

SCANNED

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Check Applicable Boxes: KSONA-1, Certification of Compliance MUST be sub	ee with the Kansas Surface Owner mitted with this form.	r Notification Act,
Oil Lease: No. of Oil Wells**	l	22
Gas Lease: No. of Gas Wells 1	Effective Date of Transfer:	06/24/2016
Gas Gathering System:	KS Dept of Revenue Leas	e No.: 227687
Saltwater Disposal Well - Permit No.:	Lease Name: Bearden, F	aul D
Spot Location: feet from N / S Line	<u>NE _ NE</u>	Sec. <u>28 Twp. 28 R. 16</u> ☑ E W
feet from E / W Line	Legal Description of Lease	
Enhanced Recovery Project Permit No.:		
Entire Project: Yes No	County: Wilson	
Number of Injection Wells**		
Field Name: Cherokee Basin Coal Area	Production Zone(s): Cher	okee Coals
** Side Two Must Be Completed.	Injection Zone(s):	
Surface Pit Permit No.: 1520526524	<u> </u>	
QT CLE SIGNIC (API No. if Drill Pit, WO or Haut)	feet fro	m N/ S Line of Section
Time of Div	feet fro	m E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover	
Past Operator's License No. 33343	Contact Person: Stephen	
Past Operator's Name & Address: Postrock Midcontinent Production LLC	Phone: 405-600-7704	
210 Park Ave, Okla. City, OK 73102		W Lee
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontnent Prod	Date:	le // Co
Title: Postrock Midcontnent Prod	Signature:	L, Trustel
New Operator's License No35341 ✓	Contact Person: Jim Allen	
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481	
211 N. Robinson, Suite 200	· · · · · · · · · · · · · · · · · · ·	Received KANSAS CORPORATION COMMISSION
Oklahoma City, OK 73102	Oil / Gas Purchaser: BP En	ergy Company JUL 2 7 2015
Title: Operations Manager	Date: 6/24/2016	
Title:	Signature:	CONSERVATION DIVISION WICHITA, KS
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface nit normit	# 1520526524 has been
noted, approved and duly recorded in the records of the Kansas Corporation	Commission This acknowledge	has been
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit perm	it.
is acknowledged as		
the new operator and may continue to inject fluids as authorized by	the new operator of the	is acknowledged as
Permit No.:		ve named lease containing the surface pit
	permitted by No.:	
Date:	Date:	
Authorized Signature /	Date:	Authorized Signature
DISTRICT EPR /2/20/16 F	PRODUCTION DEC 2 1 20	DEC - 1 0010
Mail to: Past Operator New Operato		District

Must Be Filed For All Wells

* Lease Name:	Bearden, Paul D		* Location:	NE NE 28-28S-16E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
28-1	1520526524	656Circle FSU FNL	652 FEL FWL	Gas	PROD
		FSL/FNL	FEL/FWL		
		FSUFNL	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KAN	Received ISAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		JUL 27 2016
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSt/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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^{*} 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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 35341 Name: River Rock Operating, LLC Address 1: 211 North Robinson Address 2: Suite 200 City: Oklahoma City State: OK Zip: 73102 + Contact Person: Jim Allen Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: Received KANSAS CORPORATION COMMISSION	Well Location:
Surface Owner Information: Name: Beard, David Ricky Address 1: 18104 1400 Rd Address 2:	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 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 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 the Select one of the following:	atteries, 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 loca CP-1 that I am filing in connection with this form; 2) if the form bei 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 acknowledge that I must provide the name and address of 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 fithe surface owner by filling out the top section of this form and
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v	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 06/24/2016 Date: Signature of Operator or Agent:	one best of the knowledge and belief. Operations Manager Title: