### 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**  Gas Lease: No. of Gas Wells**  Gas Gathering System:  Saltwater Disposal Well - Permit No.:  Spot Location: feet from N / S Line  feet from E / W Line  Enhanced Recovery Project Permit No.:  Entire Project: Yes No  Number of Injection Wells **  Field Name: CHEROKEE BASIN COAL AREA	Effective Date of Transfer:	
** Side Two Must Be Completed.	Injection Zone(s):	
Surface Pit Permit No.: 1513326489  (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 No. 33343  Past Operator's Name & Address: Postrock Midcontinent Production LLC  210 Park Ave, Okla. City, OK 73102  Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Contact Person: Stephen Moriarty  Phone: 405-600-7704  Date: Tuster  Signature: Tuster	
New Operator's License No. 35341  New Operator's Name & Address: River Rock Operating, LLC  211 N. Robinson, Suite 200	Contact Person: Jim Allen  Phone: 405-606-7481  Oil / Gas Purchaser: BP Energy (Gas) / Coffeyville (Oil)	
Oklahoma City, OK 73102  Title: Vice President - Operations	Date: 7/18/16 JUL 27 201 Signature: RECEIVE	
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  Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:	
Date:	Date:	
<u></u>	PRODUCTION JAM 0 3 2017 UIC 3 2017	

#### Must Be Filed For All Wells

* Lease Name: Shaw Enterprises		* Location: NW SE NE NW 28-28S-19E		
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	1513326489√	691 FNL 1981 FWL	Gas	Producing
		FSL/FNLFE	L/FWL	
·		FSL/FNLFE	L/FWL	
	*	FSL/FNLFE	L/FWL	
		FSL/FNL FE	L/FWL	
		FSL/FNLFE	L/FWL	KCC WICHIT
		FSL/FNLFE	L/FWL	JUL 27 2016
		FSL/FNLFE	L/FWL	RECEIVED
		FSL/FNLFE	L/FWL	
		FSL/FNLFE	L/FWL	
		FSL/FNLFE	L/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.

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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.

OPERATOR: License # 35341	Well Location:
Name: River Rock Operating, LLC	
Address 1: 211 North Robinson	County: Neosho
Address 2: Suite 200	Lease Name: Shaw Enterprises Well #: 28-1
City: Oklahoma City State: OK Zip: 73102 +	
Contact Person: Jim Allen	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483	
Phone: ( 400 ) 600-7401 Fax: ( 400 ) 600-7400	ATW
Email Address: jim.allen@riverrockoperating.com	HI.
CC W	anth
Surface Owner Information:	2010
Name: MIH ALEXANDER DAVID	ENEW When filing a Form T-1 involving multiple surface owners, attach an additional
Phone: ( 405 ) 606-7481 Fax: ( 405 ) 606-7483  Email Address:jim.allen@riverrockoperating.com  Surface Owner Information:  Name:MIH ALEXANDER DAVID  Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2: 1927 BREWSTER 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: INDIANAPOLIS State: IN Zip: 46260 +	<del>,</del>
City. 11401/114/11 OLIO State: 114 Zip: 40200 +	
the KCC with a plat showing the predicted locations of lease roads	Cathodic Protection Borehole Intent), you must supply the surface owners and s. tank batteries, pipelines, and electrical lines. The locations shown on the plat
	red on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	red 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 No owner(s) of the land upon which the subject well is or will	tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this
Select one of the following:  I certify that, pursuant to the Kansas Surface Owner No 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;  I have not provided this information to the surface owner(s KCC will be required to send this information to the surface.	tice Act (House Bill 2032), I have provided the following to the surface I be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.  S). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and
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