## 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:	06/02/46			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:225077			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line           feet from E / W Line	Legal Description of Lease: SW SE NE §16-T30S-R18E			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Neosho			
Number of Injection Wells**	Production Zone(s): RIVERTON			
Field Name: CHEROKEE BASIN COAL AREA				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: 1513326018 (API No. if Drill Pit, WO or Haul)	feet from N / S 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	7/13/1/6			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod	Signature: Troster			
Title:	Signature:			
New Operator's License No	Contact Person:			
New Operator's Name & Address: River Rock Operating, LLC	Phone: 405-606-7481			
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy Company KCC WICHIT			
Oklahoma City, OK 73102	Date: 7/12/16 JUL 2 7 2016			
Title: Vice President - Operations	Signature: RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit #1513326018 has been			
	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
is acknowledged as	is acknowledged as			
the new operator and may continue to inject fluids as authorized by				
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR 1/10/17	PRODUCTION JUACN 1 1 2017			
Mail to: Past Operator New Oper	ator District			

#### Side Two

### Must Be Filed For All Wells

* Lease Name: _Strawn 16-2			*Location: SW SE NE 16-30S-18E				
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)		
16-2	1513326018	2040 FNL 1394 F	EL	Gas	Producing		
		FSL/FNL	FEL/FWL				
	<u></u>	FSL/FNL	FEL/FWL	***************************************			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	£	FSL/FNL	FEL/FWL		1		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
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***************************************		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		KCC WICHIT		
		FSL/FNL	FEL/FWL		JUL 27 2016		
4		FSL/FNL	FEL/FWL		RECEIVED		
		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.

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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  Name: River Rock Operating, LLC	Well Location:
Address 1: 211 North Robinson	County: Neosho
Address 2: Suite 200	Lease Name: Strawn 16-2 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:
	SW SE NE §16-T30S-R18E
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: STRAWN EVAN T & THEARLE  Address 1: RECT	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.
City: PARSONS State: KS Zip: 67357 +	
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k 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.
Select one of the following:	
octool of the fellowing.	
I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	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.
I certify that, pursuant to the Kansas Surface Owner Notice of 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, and I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface of	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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and
<ul> <li>✓ 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, a</li> <li>✓ I have not provided this information to the surface owner(s). If KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the</li> </ul>	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.  acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.
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