### 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: MOST be subm                                       | ntea with this form.  |  |  |  |
|--|---|--|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer: 06/22/16  KS Dept of Revenue Lease No.: 225076   Lease Name: Hudson, T 15-1   |  |  |  |
| 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.:                                      | County: Neosho  |  |  |  |
| Entire Project: Yes No   |   |  |  |  |
| Number of Injection Wells**  | Production Zone(s): RIVERTON COAL BED   |  |  |  |
| Field Name: CHEROKEE BASIN COAL AREA                                       | 5.00 Co. 10 Co. |  |  |  |
| ** Side Two Must Be Completed.   | Injection Zone(s):  |  |  |  |
| Surface Pit Permit No.:  | feet from N / S Line of Sectionfeet from E / 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   |  |  |  |
|  | Phone: 7/13/1/4   |  |  |  |
| 210 Park Ave, Okla. City, OK 73102   | Date.   |  |  |  |
| Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod | Signature: Mr. Trustel  |  |  |  |
| New Operator's License No. 35341 /   | 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  |  |  |  |
|  | 7/12/16 A // JUL 2/ 2010  |  |  |  |
| Oklahoma City, OK 73102  | Date: 7/12/16 RECEIVED  |  |  |  |
| Title: Vice President - Operations   | Signature:  |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | n authorization, surface pit permit #1513326012 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   |   |  |  |  |
| 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.;   |  |  |  |
| Data:  | Date:   |  |  |  |
| Date:  | Authorized Signature  |  |  |  |
| DISTRICT EPR ///0/17   | PRODUCTION 111 2017   |  |  |  |
| Mail to: Past Operator New Opera   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |  |

#### Side Two

#### Must Be Filed For All Wells

| * Lease Name: Hudson, T 15-1 |                              |  | * Location: NW NW 15-30S-18E |                                   |                                   |  |
|------------------------------|------------------------------|--|------------------------------|-----------------------------------|-----------------------------------|--|
| Well No.                     | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                              | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) |  |
| 15-1 1513326012              | 1513326012                   | 375 FNL 373 FWL  |                              | Gas                               | Producing                         |  |
|                              |                              | 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                      | 5                                 |                                   |  |
|                              |                              | 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                      |                                   | KCC WICHIT                        |  |
|                              |                              | FSL/FNL  | FEL/FWL                      |                                   | JUL 2 7 2016                      |  |
|                              |                              | FSL/FNL  |                              |                                   | RECEIVED                          |  |
|                              |                              | FSL/FNL  |                              |                                   |                                   |  |
|                              |                              |  |                              |                                   |                                   |  |

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: Hudson, T 15-1 Well #: 15-1   |  |  |
| City: Oklahoma City State: OK Zip: 73102   | the lease below:  NW NW NW §15-T30S-R18E  |  |  |
| 75 405 606-7481 Fox 405 606-7483   |   |  |  |
| Email Address: jim.allen@riverrockoperating.com  | ATIF  |  |  |
| Email Address: _jim.allen@riverrockoperating.com  Surface Owner Information:  Name: HUDSON MELVA I LIVING TR  Address 1: | 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.   |  |  |
| the KCC with a plat showing the predicted locations of lease roads, it   | thodic Protection Borehole Intent), you must supply the surface owners and<br>lank batteries, pipelines, and electrical lines. The locations shown on the plat<br>d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                    |  |  |
| owner(s) of the land upon which the subject well is or will be   | e 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 the being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.                          |  |  |
| KCC will be required to send this information to the surface   | I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. |  |  |
| If choosing the second option, submit payment of the \$30.00 hand  | ling fee with this form. If the fee is not received with this form, the KSONA-1<br>CP-1 will be returned.   |  |  |
| form and the associated Form C-1, Form CB-1, Form T-1, or Form   |   |  |  |
|  | rt to the best of mv./knowledge and belief.   |  |  |
| I hereby certify that the statements made herein are true and corre  | ot to the best of my knowledge and belief.  Vice President - Operations   |  |  |