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: Effective Date of Transfer: _ 06/22/16 Oil Lease: No. of Oil Wells _ Gas Lease: No. of Gas Wells _ 227212 VKR KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: Clevenger, Joe D Saltwater Disposal Well - Permit No.: _ NW. SE. SE. NE Sec. 15 Twp. 285 R. 19E feet from N/ S Line Legal Description of Lease: S/2 NE feet from E / W Line Enhanced Recovery Project Permit No ::_ Entire Project: Yes No Neosho Number of Injection Wells _ Production Zone(s): Cherokee coals CHEROKEE BASIN COAL AREA Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: 1513326497 _ feet from N / S Line of Section (API No. rf Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling KK -KCC WICHIT Stephen Moriarty Past Operator's License No. Contact Person: _ FEB 23 2017 Phone: 405-600-7704 Postrock Midcontinent Production LLC Past Operator's Name & Address: RECEIVED 210 Park Ave, Okla. City, OK 73102 Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod Signature: New Operator's License No. _35341 V Contact Person: Jim Allen New Operator's Name & Address: River Rock Operating, LLC KCC WICHITA Phone: 405-606-7481 211 N. Robinson, Suite 200 Oil / Gas Purchaser: BP Energy Oklahoma City, OK 73102 7/18/16 Vice President - Operations Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. 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 ____ Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT -PRODUCTION UIC_ Mail to: Past Operator **New Operator** District

Must Be Filed For All Wells

KDOR Lease No.: 227212						
	Clevenger, Joe D		Location: NW SE SE NE 15-26S-19E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from Sou		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
15-1	1513326497	2024 FNL 552 FEL	The state of the s	Gas	Producing	
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A separate sheet may be attached if necessary

^{*} 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	lhodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 35341	Well Location:		
Name: River Rock Operating, LLC	NW-SE-SE-NE Sec. 15 Twp. 25 S. R. 19E X East West		
Address 1: 211 North Robinson	County Neosho		
Address 2: Suite 200	Lease Name: Clevenger, Joe D Well #. 15-1		
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:		
	S/2 NE		
Phone: (405) 606-7481 Fax: (405) 606-7483 Email Address: jim.allen@riverrockoperating.com Surface Owner Information: Name: CLEVENGER JOSEPH D	P.		
Circless January Control of the Cont			
KCC - 7 201			
Surface Owner Information:	ED		
Surface Owner Information: Name: CLEVENGER JOSEPH D Address 1: RECEN	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		
Address 1:	owner information can be found in the records of the register eldeeds for the		
Address 2: 10645 MEADE RD	county, and in the real estate property tax records of the county weaturer VICHITA		
City: ERIE State: KS ZIP: 66733 +	FEB 2 3 2017		
	RECEIVED		
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 local CP-1 that I am filing in connection with this form: 2) if the form being form; and 3) my operator name, address, phone number, fax, and ☐ 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 KCC 	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form and filed is a Form C-1 or Form CB-1, the plat(s) required by this email address. In address in the second of the second of the 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 w	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	e best of my knowledge and belief.		
AND THE PERSON NAMED OF THE PERSON OF THE PE	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
7/19/16	Vice President - Operations		