

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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. ✓*

Form T-1
July 2014

Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

Oil Lease: No. of Oil Wells _____ **

Gas Lease: No. of Gas Wells 1 **

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

**** Side Two Must Be Completed. ✓**

Surface Pit Permit No.: 150-99-24254

(API No. if Drill Pit, WO or Haul)

Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling

Past Operator's License No. 33343 ✓

Past Operator's Name & Address: Postrock Midcontinent

Production LLC, 210 Park Ave, Ste 2750, OKC, OK 73102

Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Production

New Operator's License No. 35341 ✓

New Operator's Name & Address: River Rock Operating, LLC

211 N. Robinson, Suite 200

Oklahoma City, OK 73102

Title: Vice-President Operations

Effective Date of Transfer: 6/22/16

KS Dept of Revenue Lease No.: 232854 ✓

Lease Name: ALLMON, MICHAEL JOE

SW - NE - NE - NW Sec. 22 Twp. 32S R. 18 E W

Legal Description of Lease: NW § 22-32S-18E

County: LABETTE

Production Zone(s): UNKNOWN

Injection Zone(s):

KCC WICHITA

FEB 23 2017

RECEIVED

feet from N / S Line of Section

feet from E / W Line of Section

KA ✓

Contact Person: Stephen Moriarty

Phone: 405-600-7704

Date: 7/18/16

Signature: *Stephen Moriarty*

Contact Person: Jim Allen

Phone: 405-606-7481

Oil / Gas Purchaser: Unknown / B.P. Energy Company

Date: 6/22/16

Signature: *Jim Allen*

KCC WICHITA

JUL 27 2016

RECEIVED

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 150-99-24254 has been 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
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____

Authorized Signature

DISTRICT _____	EPR 2/28/17	PRODUCTION MAR 01 2017	UIC 3-1-17
Mail to: Past Operator _____	New Operator _____	District _____	

Must Be Filed For All Wells

KDOR Lease No.: 232854

* Lease Name: ALLMON, MICHAEL JOE * Location: SW NE NE NW \$22-T32S-R18E

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.

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Form KSONA-1
July 2014

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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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) 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: jim@cardinalriver.com

Well Location:

SW NE NE NW Sec. 22 Twp. 32 S. R. 18 East West

County: LABETTE

Lease Name: ALLMON, MICHAEL JOE 22-1 Well #: 22-1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

NW §22-T32S-R18E

KCC WICHITA

FEB 23 2017

Surface Owner Information:

Name: Cheryl Allmon Leweke

KCC WICHITA

JUL 27 2016

Address 1: 314 Erner

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Address 2:

City: Coffeyville State: KS Zip: 67337 +

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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 Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered 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 Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 6/12/16

Signature of Operator or Agent:

Vice President of Operations

Title: