062216\_Heilman\_Vern\_L.pdf

### 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: MUST be	submitted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 06/22/16		
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 225832 KR		
Gas Gathering System:	Lease Name: Heilman, Vern L		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	<u>N2 . NE . NE Sec. 8 Twp. 29S R. 19E </u>		
feet from E / W Line	Legal Description of Lease: N2 NE NE		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Neosho		
Number of Injection Wells **	Production Zone(s): Rower, Riverton		
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):		
** Side Two Must Be Completed.	.,,		
Surface Pit Permit No.: 1513326239	feet from N / S Line of Section		
(API No 11 Drill Pit, WO or Haul)	feet fromE /W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling KCC WICHITA		
Past Operator's License No. 33343 Exp. 12/30/16	Contact Person: Stephen Moriarty JUN 13 2017		
Past Operator's Name & Address: Postrock Midcontinent Production LL	c Phone: 405-600-7704 RECEIVED		
210 Park Ave, Okla. City, OK 73102			
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Pro	d Signature: Trootee		
New Operator's License No35341 /	Contact Person: Jim Allen		
New Operator's Name & Address River Rock Operating, LLC	Phone: 405-606-7481		
211 N. Robinson, Suite 200	Oil / Gas Purchaser: BP Energy		
Oklahoma City, OK 73102	Date: 7/13/16		
Title: Vice President - Operations	Date: 1710/10		
Title: Vice i resident - Operations	Signature:		
Acknowledgment of Transfer: The above request for transfer of injections	ction authorization, surface pit permit #1513326239has been		
noted, approved and duly recorded in the records of the Kansas Corpor	ation Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in	n 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			
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR 6/20/17	PRODUCTION JUN 2 1 2017 JUN 2 1 2017		
Mail to: Past Operator New O	peratorDistrict		

Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 225832				
* Lease Name:_	Heilman, Vern L		* Location: _ N	N2 NE NE 8-29S-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) Producing
8-1	1513326239	600 FNL 660 FEI	600 FNL 660 FEL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Calhodic Protection Borehole Intent)		
OPERATOR: License # 35341	Mali Looken		
Name: River Rock Operating, LLC	Well Location		
Address 1: 211 North Robinson			
Address 2: Suite 200	200 A 100 A		
City: Oklahoma City State: OK Zip: 73102 +	Lease Name: Heilman, Vern L Well #: 8-1		
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	N2 NF NF		
#C #ECONOMIC #CONTROL #CONTRO	KCC WICHITA		
Email Address: jim.allen@riverrockoperating.com	JUN 13 2017		
Surface Owner Information:	RECEIVED		
Name: HEILMAN VERN L	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	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		
Address 2: 10125 130TH RD	county, and in the real estate property tax records of the county treasurer.		
City: GALESBURG State: KS Zip: 66740 +			
the KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and all 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.		
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 I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface or	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this sof 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: 7/19/16 Signature of Operator or Agent:	Vice President - Operations Title:		