062216_Kramer_John_A.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,
MIST 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 1	KS Dept of Revenue Lease No.: 225968
Gas Gathering System:	Lease Name: Kramer, John A
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S L	
feet from E / W L	ine Legal Description of Lease: NE NE
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Neosho
Number of Injection Wells**	Production Zone(s): Summit, Mulky, Rowe, Riverton coals
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: 1513326232	feet from N / S Line of Section
(API No if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	The of Section
	TOO WICHIA
Past Operator's License No. 33343 Exp. 12/30/1.	Contact Person: Stephen Moriarty JUN 1 3 2017
Past Operator's Name & Address: Postrock Midcontinent Production	RECEIVED
210 Park Ave, Okla. City, OK 73102	Date:
Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent	Prod Signature: Tro & Lee
	2
New Operator's License No. 35341	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	
TILLE.	Signature:
Acknowledgment of Transfer: The above request for transfer of	injection authorization, surface pit permit #1513326232 has been
	poration Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership intere	
is acknowledg	ged as is acknowledged as
the new operator and may continue to inject fluids as authoriz	ed by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
7/20/1-	Authorized Signature
DISTRICT	PRODUCTION JUN 2 1 2017 JUN 2 1 2017 District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 225968				
* Lease Name:	Kramer, John A		* Location:C	NE NE 31-29S-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)
31-1	1513326232	657 FNL 648 FEL	•	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		KCC WICHITA
***************************************		FSL/FNL			KCC WICHITA
					JON 13 2017
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWI		
		FSL/FNL	Control of the Contro		
			FEL/FWL		
			400 (400m) #		
		FSL/FNL			
-					
		FSL/FNL	FEL/FWL _		

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	(Calhodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 35341	Well Location			
Name River Rock Operating, LLC	. Well Location. SW- NE - NE - NE Sec. 31 Twp. 29S S R. 19E East West West			
Name: River Rock Operating, LLC Address 1: 211 North Robinson	County Neosho			
Address 2: Suite 200	Lease Name: Kramer, John A Well #. 31-1			
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:			
Phone: (405) 606-7481 Fax: (405) 606-7483	C. NE NE			
** 10000000** 1000000 10000000 1000000 ** (Mr.) 1000000000000000000000000000000000000	KCC WICHITA			
Email Address: jim.allen@riverrockoperating.com	JUN 13 2017			
Surface Owner Information:	RECEIVED			
Name: KRAMER JOHN A & JANET S	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			
Address 1:				
Address 2: 7750 JACKSON 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, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be located CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	ocated: 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			
KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and ICC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements made herein are true and correct to Date: 7/19/16 Signature of Operator or Agent:	the best of my knowledge and belief. Vice President - Operations Title:			