KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 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: Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 222373 (Wolf 1 only) Gas Gathering System: Lease Name: WOLF LEASE Saltwater Disposal Well - Permit No.: __ - <u>N2 S2 Sec. 12 Twp. 298 R. 15</u> ▼ E W _ feet from N / S Line Legal Description of Lease: ALL OF SECTION 12-29S-15E _ feet from ___ E / ___ W Line Except W/2 NW/4 County: WILSON Entire Project: Yes No Number of Injection Wells _ Production Zone(s):_ Field Name: _ Injection Zone(s):_ ** Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) feet from E / W Line of SKIPC WICHITA Workover OR Drilling Settling Haul-Off Type of Pit: Emergency Stephen L. DeGiusti Past Operator's License No. Contact Person: Phone: 405-702-7420 QUEST CHÉROKEE, LLC RECEIVED Past Operator's Name & Address: 210 PARK AVE, STE 2750 OKLAHOMA CITY OK 73102 Title: By PostRock MidContinent Production, LLC, successor by merger, By PostRock Energy Services Corporation, its sole member, By Stephen L. DeGiusti, Secretary and Treasurer Contact Person: Stephen L. DeGiusti 33343 New Operator's License No. . Phone: 405-702-7420 New Operator's Name & Address: POSTROCK MIDCONTINENT PRODUCTION, LLC POSTROCK MIDCONTINENT PRODUCTION LLC 210 PARK AVENUE, STE 2750 OKLAHOMA CITY, OK 73102 By PostRock Energy Services Corporation, its sole member, By Stephen L. DeGiusti, Secretary and Treasurer 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 the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _ . Recommended action: Date: Authorized Signature Authorized Signature DISTRICT -

New Operator

Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	222373 (Wolf 1 only)	
NUUR Lease No		

* Lease Name:	WOLF LEASE	* Location: All of Section 12-29S-15E, Except W/2 NW/4		
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)
1	15-205-25114 🗸		GAS	PROD
2	15-205-25216	3430 FSL 1980 FE 1984 FSL FNL 1834 FE		IN (dry hole)
3	15-205-25217/	1675(FSL)FNL 617 FE	GAS	IN (dry hole)
		FSL/FNLFE	EL/FWL	
		FSL/FNLFE	EL/FWL	
		FSL/FNL FE	EL/FWL	
		FSL/FNLFE	EL/FWL	
		FSL/FNLFE	EL/FWL	
		FSL/FNL FE	EL/FWL	
		FSL/FNLFE	EL/FWL	
		FSL/FNLFE	EL/FWL	
			EL/FWL	
		FSL/FNL FE	EL/FWL	
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			EL/FWL	
		FSL/FNLFE		
		FSL/FNLFE		
	400		EL/FWL	KCC WICHITA
				JUN 1 0 2013
		FSL/FNLFi		RECEIVED
		FSL/FNLFI	EL/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 2010 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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 33343 Name: POSTROCK MIDCONTINENT PRODUCTION, LLC Address 1: 210 PARK AVENUE STE 2750 Address 2:	Well Location:			
Surface Owner Information: Name: Ted L. and/or Donna Wolf Address 1: Route 4, Box 146 Address 2:	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 A owner(s) of the land upon which the subject well is or will be loced. CP-1 that I am filing in connection with this form; 2) if the form the 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			
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 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	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 the best of my knowledge and belief. Date: 6-6-3013 Signature of Operator or Agent: Styll Signature of Operator or Agent: Secretary and Treasurer				

KCC WICHITA

JUN 1 0 2013

RECEIVED