062216_WC_Follmer_9_1.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:

- [x] Oil Lease: No. of Oil Wells 1 **
- [ ] Gas Lease: No. of Gas Wells ____ **
- [ ] 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: Clinesmith

*** Side Two Must Be Completed.**

Effective Date of Transfer: 06/22/2016

KS Dept of Revenue Lease No.: n/a ✓

Lease Name: Follmer, W. C.

NE - NE - NE - NE Sec. 9 Twp. 27S R. 15E [x] E [ ] W

Legal Description of Lease: NE NE NE NE

County: Wilson

Production Zone(s): Bartlesville

Injection Zone(s): ____

Surface Pit Permit No.: 1520528170 (API No. if Drill Pit, WO or Haul)

____ feet from [ ] N / [ ] S Line of Section

____ feet from [ ] E / [ ] W Line of Section

Pit ds: 8/4/16

Type of Pit: [ ] Emergency [ ] Burn [ ] Settling [ ] Haul-Off [ ] Workover [ ] Drilling KH ✓

Past Operator's License No. 33343 ✓

Past Operator's Name & Address: Postrock Midcontinent Production LLC

210 Park Ave, Okla. City, OK 73102

Title: Stephen Moriarty, Bankruptcy Trustee for Postrock Midcontinent Prod

Contact Person: Stephen Moriarty

Phone: 405-600-7704

Date: 7/13/16

Signature: ____ Trustee

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CONSERVATION DIVISION
WICHITA, KS

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

Contact Person: Jim Allen

Phone: 405-606-7481

Oil / Gas Purchaser: HollyFrontier Refining & Marketing, LLC

Date: 7/11/2016

Signature: ____

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1520528170 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 10/24/16 PRODUCTION 10-25-16 OCT 25 2016

Mail to: Past Operator ____ New Operator ____ District ____

KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

Side Two

Must Be Filed For All Wells

KDOR Lease No.: n/a

* Lease Name: Follmer, W. C. * Location: NE NE NE NE 9-27S-15E

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)
9-1	1520528170 ✓	265 FNL 165 FEL	Oil	Producing
		____ FSL/FNL ____ FEL/FWL		
		____ FSL/FNL ____ FEL/FWL		
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		____ FSL/FNL ____ FEL/FWL		

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WICHITA, KS

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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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.allen@riverrockoperating.com

Well Location:
NE - NE - NE - NE Sec. 9 Twp. 27S S. R. 15E ☒ East ☐ West
County: Wilson
Lease Name: Follmer, W. C. Well #: 9-1

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

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WICHITA, KS

Surface Owner Information:
Name: Terrill, Paul, Jr. & Elysia S
Address 1: ____
Address 2: 23862 Lane Road
City: BUFFALO State: KS Zip: 66717 + ____

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: 7/11/2016 Signature of Operator or Agent: _____ Title: Vice President - Operations