

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:

- Oil Lease: No. of Oil Wells 15 \*\*
- 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.: E13755
- Entire Project:  Yes  No
- Number of Injection Wells 2 \*\*

Field Name: Vavroch

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 1 September 2011

KS Dept of Revenue Lease No.: 107766 ✓

Lease Name: Vavroch Unit

\_\_\_\_\_ SW \_\_\_\_\_ SE \_\_\_\_\_ NE Sec. 4 Twp. 4 R. 28  E  W

Legal Description of Lease: S/2 33-3S-28W, N/2 4-04S-28W

County: DECATUR

Production Zone(s): KANSAS CITY GROUP

Injection Zone(s): \_\_\_\_\_

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

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

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

Past Operator's License No. 5538 ✓

Contact Person: Lea Kathol Jordan

Past Operator's Name & Address: Tomkat LTD

Phone: 316-733-5772

PO Bx 780581, Wichita, KS 67278-0581

Date: 1 August 2001

Title: President

Signature: Lea Jordan

New Operator's License No. 34434 ✓

Contact Person: David Withrow

New Operator's Name & Address: Edison Operating Company, L.L.C

Phone: 316-613-1544

1223 N. Rock Road, Bldg. I-100, Wichita, KS 67206

Oil / Gas Purchaser: NCRA

Date: 1 August 2011

Title: Managing Partner

Signature: David Withrow

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**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # \_\_\_\_\_ 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.

Edison Operating Company LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: E-13,755. Recommended action: NONE  
Date: 9-7-11  
Cheryl L. Bayles  
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 <u>9-6-11</u>	PRODUCTION <u>9.15.11</u>	UIC <u>9-7-11</u>
Mail to: Past Operator <u>9-7-11</u>	New Operator _____	District <u>(4)</u>	<u>9-7-11</u>

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

090111 VAVROCH UNIT IMP. PER



01/11/11

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

*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 # 34434  
Name: Edison Operating Company, L.L.C.  
Address 1: 1223 N. Rock Road, Bld. I-100  
Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67206 + 1200  
Contact Person: David Withrow  
Phone: ( 316 ) 613-1544 Fax: ( 316 ) 201-1687  
Email Address: dwithrow.edison@gmail.com

Well Location:  
SE SE NE Sec. 4 Twp. 04 S. R. 28  East  West  
County: DECATUR  
Lease Name: Vavroch Well #: \_\_\_\_\_  
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  
S2 33-3S-28W  
N2 4-04S-28W

**Surface Owner Information:**

Name: Holly S. Young & Barbara J. Young Duell  
Address 1: 1065 W Cottonwood St.  
Address 2: \_\_\_\_\_  
City: Colby State: KS Zip: 67701 + 9523

*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.*

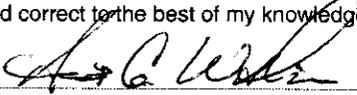
*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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 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: 1 August 2011 Signature of Operator or Agent:  Title: Managing Partner

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