KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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Form T-1 March 2010 Form must be Typed Form must be Signed Il blanks must be Filled

	NGE OF OPERATOR All blanks must be Filled			
	vith the Kansas Surface Owner Notification Act,			
Check Applicable Boxes: MUST be submit	ted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: June 1, 2011			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 201041			
Gas Gathering System:	Lease Name: Dechant #1			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	<u>NESW_Sec26_Twp24_R31</u> EVW			
feet from E / W Line	Legal Description of Lease: SKV/4			
Enhanced Recovery Project Permit No.:	County: Finney Production Zone(s): Chase			
Entire Project: 🔄 Yes 🔄 No				
Number of Injection Wells**				
Field Name:				
** Side Two Must Be Completed. RECEIVED	Injection Zone(s):			
Surface Pit Permit No.: MAR 2 3 2012	feet from N / S Line of Section			
Surface Pit Permit No.:(API No. if Drill Pit, WO of CONTACT AND A CONTACT AN	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off			
Past Operator's License No	Contact Person: James C. Remsberg			
Past Operator's Name & Address: Argent Energy Inc.	Phone: 316-262-5111 Date: 3/22/12 Signature: James C. Remoburg			
1313 N. Webb Road, Suite 210, Wichita, KS 67206-4077				
Title: President				
New Operator's License No. 34434	Contact Person: David G. Withrow			
Editor Operating Company 11 C				
	Phone: 316-201-1744			
1223 . Rock Road, Building I-100, Wichita, KS 67206	Oil / Gas Purchaser:			
	Date: 3/22/12			
Title: Managing Partner	Signature:			
	5			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the	2			
	above injection weil(s) of pit permit.			
is acknowledged as	is acknowledged as			
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit			
Permit No.: Recommended action:	permitted by No.:			
Deto:	Date			
Date: Authorized Signature /	Date: Authorized Signature			
	PRODUCTION 3.27.12 UIC 3-27-12			
Mail to: Past Operator New Operator				

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

Side Two

KDOR Lease No.: 201041

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Lease Name:	Dechant #1		* Location:N	E-NE-SW of Sect. 26-24	4S-31W
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	<u>15-055-20331-00-00</u> ノ	2310 FSI FNL	2970 FEDFWL	Gas	PROD
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u></u>	
					R 2 3 2012
					,
and a second			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.

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_____FSL/FNL _____FEL/FWL ___

_____FSL/FNL _____FEL/FWL ___

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

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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	Well Location: <u>NENESW_Sec26Twp24SR31</u> East 🕱 West		
Name: Edison Operating Company, LLC			
Address 1: 1223 N. Rock Road Address 2: Building I-100 City: Wichita State: KS Zip: 67206 +	County: <u>Finney</u> Lease Name: <u>Dechant</u> <i>If filing a Form T-1 for multiple wells on a lease, enter the legal description</i> <i>the lease below:</i>		
Surface Owner Information: Name: Phyllis & Carol Beach Address 1: 6335 S. Pierceville Road 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.		
	MAP 2.2 man		

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you mutify point surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations of 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: 3/82/19_____ Signature of Operator or Agent: Managing Partner Title: