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:	ee with ans form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: JULY 1, 2013
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 231473
Gas Gathering System:	Lease Name: INMAN #1-11
Saltwater Disposal Well - Permit No.:	SW - SW - NW - Sec. 11 Twp. 33S R. 32 FVW
Spot Location: feet from N / S Line	,
, feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	RECEIVED KANSAS CORPORATION COMMISSION
Entire Project: Yes No	County: SEWARD
Number of Injection Wells **	Production Zone(s): MORROW SEP 0 3 2013
Field Name: KISMET WEST	CONSERVATION DIVISION
** Side Two Must Be Completed.	injection Zone(s): WICHITA, KS
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover of Drilling
Past Operator's License No5263 /	Contact Person: DALE J. LOLLAR
Past Operator's Name & Address: MIDWESTERN EXPLORATION CO.	Phone: 405-340-4300
3500 S. BOULEVARD, SUITE 2B, EDMOND, OK 73013	Date: 8/28/70(3
Title: PRESIDENT	" Was I form
Title: FRESIDENT	Signature:
New Operator's License No. 34434	Contact Person: David Withrow
New Operator's Name & Address: Edison Operating Company,	Contact i Citorii
8100 E. 2200 St. N. Bldg 1900	Oil / Gas Purchaser:
Wichita, KS 67226	Date: 8/29//3
Title: Managing Partner	Signature: 16.10.10.
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	above injection well(s) or 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.:
Date:	Date:
Authorized Signature	Authorized Signature
1 ' '	PRODUCTION $9.12.13$ uic $9-12-13$
Mail to: Past Operator New Operato	or District

Side Two



Must Be Filed For All Wells

KDOR Lease	No.: 231473					
			* Location: S	* Location: SEWARD COUNTY, KANSAS		
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)	
#1-11	15-175-22167-00-00	2310 Circle	330 Circle	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			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
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		FSL/FNL		KANSAS	RECEIVED CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		SEP 0 3 2013	
		FSL/FNL	FEL/FWL		ONSERVATION DIVISION	

A separate sheet may be attached if necessary

___FEL/FWL _

__FSL/FNL __

CONSERVATION DIVISION
WICHITA, KS

^{*} 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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34434	Well Location:sw_nw_Sec11 Twp33 S. R32 East ⊠ West		
Name: Edison Operating Company, LLC			
Name: Edison Operating Company, LLC Address 1: 8100 E. 22nd Street North, Bldg 1900	County: Seward		
Address 2:	Lease Name: Inman Well #: 1-11		
City: Wichita State: KS Zip: 67226 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: David Withrow	the lease below:		
Phone: (316) 201-1744 Fax: (316) 201-1687 Email Address: david@edisonopco.com			
Email Address: david@edisonopco.com			
Surface Owner Information:			
Name: Mr. and Mrs. Michael J. Childers	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.		
Name: Mr. and Mrs. Michael J. Childers Address 1: P.O. Box 992			
Address 2:			
City: Cripple Creek State: CO Zip: 80813 +			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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 to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	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 nd email address. cknowledge that, because I have not provided this information, the		
task, I acknowledge that I am being charged a \$30.00 handling 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- I hereby certify that the statements made herein are true and correct to	1 will be returned.		
Date: 09/03/2013 Signature of Operator or Agent:	Title: Managing Partner		

RECEIVED KANSAS CORPORATION COMMISSION

SEP 0 3 2013