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 ____________ **
☑ Gas Lease: No. of Gas Wells 1 **
☐ 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: Wiggins Creek

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

Effective Date of Transfer: June 1, 2014 ✓ ✓
KS Dept of Revenue Lease No.: OIL 135275 GAS 223283
Lease Name: Comanche County Hospital # 1-31
____ - SW - NW - SE Sec. 31 Twp. 30 R. 19 ☐ E ☑ W
Legal Description of Lease: 1650' FSL, 2310' FEL
County: Kiowa
Production Zone(s): Mississippian
Injection Zone(s): ____________

KCC WICHITA
AUG 07 2014
RECEIVED

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 OK ☐ Drilling

Past Operator's License No. 3842 ✓
Contact Person: Thomas Larson
Past Operator's Name & Address: Larson Engineering, Inc
562 W State Road 4, Olmitz, Kansas 67564
Phone: 620-653-7368
Date: July 10, 2014
Title: President
Signature: Thomas Larson

New Operator's License No. 34434 ✓
Contact Person: David Withrow
New Operator's Name & Address: Edison Operating Company, LLC
8100 E. 22nd Street North, Bldg 1900, Wichita, Kansas 67226
Phone: 316-201-1744
Oil / Gas Purchaser: ____________
Date: July 8, 2014
Title: Managing Partner
Signature: ____________

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.

____________ 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 8-15-14 PRODUCTION AUG 18 2014 UIC 8-18-14
Mail to: Past Operator ____________ New Operator ____________ District ____________

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

Side Two

Must Be Filed For All Wells

KDOR Lease No.: OIL 135275 / GAS 223283

* Lease Name: Comanche County Hospital # 1-31

* Location: Section 31-30S-19W

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)
1-31	15-097-21462	1650 Circle [✓ FSL]/FNL	2310 Circle [✓ FEL]/FWL	Oil/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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
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 # 34434
Name: Edison Operating Company, LLC
Address 1: 8100 E. 22nd St North, Bldg 1900
Address 2:
City: Wichita State: KS Zip: 67226 +
Contact Person: David Withrow
Phone: (316) 201-1744 Fax: (316) 201-1687
Email Address: david@edisonopco.com

Well Location:
SW - NW - SE Sec. 31 Twp. 30 S. R. 19 ☐ East ☒ West
County: Kiowa
Lease Name: Comanche County Hospital Well #: 1-31

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

Surface Owner Information:
Name: COMANCHE CO HOSPITAL
Address 1: 202 S. FRISCO
Address 2:
City: COLDWATER State: KS Zip: 67029 + 9101

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: 7-10-14 Signature of Operator or Agent: Title: Managing Partner

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