KANSAS CORPORATION COMMISSION 110115 Dohrman.pdf

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: Oil Lease: No. of Oil Wells _ Effective Date of Transfer: November 1, 2015 Gas Lease: No. of Gas Wells _ 144652 KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: DOHRMAN 1-27 Saltwater Disposal Well - Permit No.: ____ - NE - SW - SW Sec. 27 Twp. 18 R. 10 E / W feet from N / S Line Legal Description of Lease: S/2 SW/4 feet from E / Enhanced Recovery Project Permit No.: __ Entire Project: Yes No County: _RICE Number of Injection Wells _ QUARTZITE Production Zone(s):__ Field Name: Injection Zone(s): ** Side Two Must Be Completed. 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 Drilling Adam T. Kennedy Past Operator's License No. Contact Person: Past Operator's Name & Address: 8100 E. 22nd Street North Phone: 316-558-5202 KCC WICHITA Bldg 1800-2 Wichita, Kansas Valhalla Exploration, LLC October 25, 2015 Date: Title: Managing Member NOV 04 2015 Signature: 34434 Contact Person: ____David Withrow New Operator's License No. New Operator's Name & Address: 8100 E. 22nd Street North, Bldg 1900 Phone: 316-201-1744 Wichita, Kansas 67226 Edison Operating Company, LC Oil / Gas Purchaser: Date: October 25, 2015 Managing Partner Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 __ 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 ___ . Recommended action: permitted by No.: __ Authorized Signature Authorized Signature DISTRICT -Mail to: Past Operator _ New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 144652	=			
* Lease Name:	DOHRMAN 1-27		* Location: _2	7-18S-10W S/2 SW/4	
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)
1-27	15-159-22760-0000	977 Citcle FS)/FNL	1205 Circle	OIL	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		- F-SFAANSAA ANAS ANAS ANAS ANAS ANAS ANAS A
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- Valence
		FSL/FNL	FEL/FWL		
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	•	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			

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 July 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 (C	sathodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗌 CP-1 (Plugging Application)		
OPERATOR: License # 34434	M-III		
Name: Edison Operating Company, LLC	Well Location:		
Address 1: 8100 E. 22nd Street North, Bldg 1900	NEswswSec. 27 Twp. 18 S. R. 10 East West County: RICE		
	Lease Name: DOHRMAN Well #: 1-27		
Address 2:			
City: State: AS Zip: 07220 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the ribes below:		
316 201-1744 - 316 201-169 <b>3 C W</b>	CHS/2 SW/4		
Phone: ( 10 ) 201 1744 Fax: ( 10 ) 201 475	2015		
Contact Person: David Withrow  Phone: (316) 201-1744  Email Address:  NOV 04	7012		
DEC	EIVED		
Name: Maurice L. Dohrman & Slizabeth Dohrman  Address 1: 601 S. 2 NO  Address 2: City: Bushton State: K5 Zip: 67427+	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 the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat		
I certify that, pursuant to the Kansas Surface Owner Notice Ac owner(s) of the land upon which the subject well is or will be loc	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send this information to the surface own	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	he best of my knowledge and belief.		
Date: 10-25-11 Signature of Operator or Agent:	G. Wille: Managing Partner		