District

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1
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: Effective Date of Transfer: ___July 1, 2016 Oil Lease: No. of Oil Wells KS Dept of Revenue Lease No.: 205497 Gas Lease: No. of Gas Wells _ Lease Name: ADAMS - H Gas Gathering System: Saltwater Disposal Well - Permit No.: ____ feet from N / S Line Legal Description of Lease: N/2 8-355-29w _ feet from L E / L W Line Enhanced Recovery Project Permit No.: _ County: Meade Entire Project: Yes No "MRW L" Number of Injection Wells Production Zone(s):_ "Adams Ranch" Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. N / S Line of Section feet from Surface Pit Permit No.: . (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Workover Drilling Haul-Off Settling Burn Emergency Type of Pit: Jeffrey H. Bull Contact Person: _ Past Operator's License No. Past Operator's Name & Address: Chesapeake Operating, L.L.C. Phone: 405-935-3425 June 30, 2016 6100 N Western Ave., Oklahoma City, OK 73118 Title: Manager Regulatory - MidCon Signature: KCC WICHITA Contact Person: David Withrow New Operator's License No. . JUL 0 6 2016 New Operator's Name & Address: <u>Edison Operating Company</u>, LLC Phone: 316-201-1744 8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226 Oil / Gas Purchaser: Date: June 30, 2016 Title: Managing Partner 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: __ __ . Recommended action: Date: Authorized Signature DISTRICT .

Mail to: Past Operator.

Must Be Filed For All Wells

_ease Name:	ADAMS - H		* Location:		
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	15-119-10281-0000	4923 FSL FNL	2350 FEL FWL	GAS	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL	KCC	WICHITA
			FEL/FWL		0 6 2016
			FEL/FWL	R	RECEIVED
		FOL/FAIL			
	<u> </u>				
	 -				
				·	
		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.

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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	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34434	Well Location:		
Name: Edison Operating Company LLC	NW_NW_NE Sec. 8 Twp. 35 S. R. 29 East West		
Address 1: 8100 E 22nd Street North	County, Meade		
Address 2: Bldg 1900	Lease Name: Adams -H Well #: 1		
City: Witchita State: KS Zip: 67226 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
David Withrow			
Contact Person: 201-1744	WA NIO 8-353-09W		
Phone: (316) 201-1744 Fax: ()	ALLY 100		
Contact Person:	-016		
Surface Owner Information: Name: H.G. Adams IV & Funds, L.P. Address 1: 8051 CC 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.		
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.		
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ass of the surface owner by filling out the top section of this form and the KCC, 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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
I hereby certify that the statements made herein are true and correct			
June 30, 2016 Date: Signature of Operator or Agent:	Managing Partner		