

KANSAS CORPORATION COMMISSION
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 _____ **
- ☒ Gas Lease: No. of Gas Wells 2 **
- ☐ 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: "Aetna Gas Area"

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

Effective Date of Transfer: July 1, 2016

KS Dept of Revenue Lease No.: 220401 220968

Lease Name: BAIER A

W2 - NW - NW - NW Sec. 35 Twp. 34 R. 14 ☐ E ☒ W

Legal Description of Lease: ALL 35-34S-14W

County: Barber

Production Zone(s): "Mississippian"

Injection Zone(s): _____

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 ☐ Drilling KH

Past Operator's License No. 32334 ✓

Contact Person: Jeffrey H. Bull

Past Operator's Name & Address: Chesapeake Operating, L.L.C.

Phone: 405-935-3425

6100 N Western Ave., Oklahoma City, OK 73118

Date: June 30, 2016

Title: Manager Regulatory - MidCon

Signature: [Signature]

New Operator's License No. 34434 ✓

Contact Person: David Withrow

New Operator's Name & Address: Edison Operating Company, 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: [Signature]

KCC WICHITA
JUL 06 2016
RECEIVED

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 8-8-16 PRODUCTION 8-9-16 UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: BAIER A

* Location: _____

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* 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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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
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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
Name: Edison Operating Company LLC
Address 1: 8100 E 22nd Street North
Address 2: Bldg 1900
City: Wichita State: KS Zip: 67226 + _____
Contact Person: David Withrow
Phone: (316) 201-1744 Fax: (_____) _____
Email Address: _____

Well Location:
W2 NW NW NW Sec. 35 Twp. 34 S. R. 14 ☐ East ☒ West
County: Barber
Lease Name: Baier A Well #: 2-35

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

ALL 35-34S-14W

Surface Owner Information:

Name: Patricia A. Lukens Trust, et al
Address 1: P.O. Box 194
Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + _____

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JUL 06 2016
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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: June 30, 2016 Signature of Operator or Agent: [Signature] Title: Managing Partner

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Address 2: Bldg 1900
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Contact Person: David Withrow
Phone: (316) 201-1744 Fax: (_____) _____
Email Address: _____

Well Location:
NE NE NE Sec. 35 Twp. 34 S. R. 14 ☐ East ☒ West
County: Barber
Lease Name: Baier A Well #: 3-35

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KCC WICHITA
JUL 06 2016
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Surface Owner Information:

Name: Donna Garten Trust
Address 1: 821 N. Walnut St.
Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + _____

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