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: July 1, 2016 Effective Date of Transfer: Oil Lease: No. of Oil Wells _ Gas Lease: No. of Gas Wells __1 KS Dept of Revenue Lease No.: 200816 Gas Gathering System:_ Lease Name: CORN Saltwater Disposal Well - Permit No.: ___ __ __ <u>NW Sec. 15 Twp. 22 R. 32</u> □ E ✓ W feet from N/ S Line Legal Description of Lease: N12 15-225-32w feet from E / W Line NW/4 13 + NE/4 12 - 225-31W Enhanced Recovery Project Permit No.: ___ County: Finney Entire Project: Yes No Number of Injection Wells _ Production Zone(s): __"Chase Group" Field Name: "HUGOTON GAS AREA" Injection Zone(s):_ ** Side Two Must Be Completed. _ feet from N / S Line of Section Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Workover Type of Pit: Emergency Burn Settling Haul-Off Jeffrey H. Bull Past Operator's License No. Contact Person: _ Past Operator's Name & Address: __Chesapeake Operating, L.L.C. Phone: 405-935-3425 Date: _____ June 30, 2016 6100 N Western Ave., Oklahoma City, OK 73118 Title: Manager Regulatory - MidCon Signature: Contact Person: David Withrow New Operator's License No. 34434 KCC WICHITA New Operator's Name & Address: Edison Operating Company, LLC Phone: 316-201-1744 JUL 06 2016 8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226 Oil / Gas Purchaser: Date: _____ June 30, 2016 RECEIVED Managing Partner Signature: Title: 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 _____ . Recommended action: _ permitted by No.: ___ Date: _ Authorized Signature Authorized Signature DISTRICT -

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 200816				
* Lease Name:	CORN		* Location:		·
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-15	15-055-00238-0000	1320 Circle	3960 (FED FWL	GAS	PR
		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		
		F\$L/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		
			FEL/FWL		
		FSL/FNL	FEL/FWL		NUITA
		FSL/FNL	FEL/FWL	NCC MIC	2016
		FSL/FNL	FEL/FWL	JUL 06	Z010
		FSL/FNL	FEL/FWL	RECE	IVED
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			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 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)		
OPERATOR: License # 34434	Well Location: /★ 22 32		
Name: Edison Operating Company LLC			
Name: Edison Operating Company LLC Address 1: 8100 E 22nd Street North	County Glark Finney		
Address 2: Bldg 1900	County: Clarke Finney Lease Name: Corn Well #: 1-15		
City: Witchita State: KS 7:: 67226			
Contact Person. David Withrow	the lease below:		
Contact Person: David Withrow Phone: (316) 201-1744 Fax: ()	N/2 15-225-32W		
Email Address:	MCHITA NW14 13 + NEI4 12-225-31W		
· CC V	Alex		
Surface Owner Information: Delmar & Donna Towns Trust of 1996	A/2 /5-225-32W WCHITA NW/4 F3 + NE/4 12-225-31W BECENED 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		
Name: Delmar & Donna Towns Trust of 1996 Address 1: 725 S Towns Rd	When filing a Form T-1 involving multiple surface owners, attach an additiona sheet listing all of the information to the left for each surface owner. Surface		
Address 1: 125 S Termo Tid	owner information can be found in the records of the register of deeds for the		
Address 2: State: KS Zip: 67846 _ +	county, and in the real estate property tax records of the county treasurer.		
City State: Zip:+			
are preliminary non-binding estimates. The locations of lease roads are preliminary non-binding estimates. The locations may be enter select one of the following: I certify that, pursuant to the Kansas Surface Owner Nonowner(s) of the land upon which the subject well is or will CP-1 that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number, the content of			
KCC will be required to send this information to the surface	s). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dress 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 han form and the associated Form C-1, Form CB-1, Form T-1, or Form	dling fee with this form. If the fee is not received with this form, the KSONA-1 n CP-1 will be returned.		
I hereby certify that the statements made herein are true and corre	ect to th e best of my knowle <u>dg</u> e and belief.		
June 30, 2016	Managing Partner		
Date: Signature of Operator or Agent:	Title:		