KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form I-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 ___ Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: GRAHAM "D27661.0" Saltwater Disposal Well - Permit No.: _ NW - SE - SW Sec. 3 Twp. 32 R. 33 FV W Spot Location: 667 feet from N / S Line Legal Description of Lease: 3w/4 3-325-33w feet from 🗸 E / 🗌 W Line Enhanced Recovery Project Permit No.: _ County: Seward Entire Project: Yes No Number of Injection Wells Production Zone(s) Field Name: __"ANG" \\bullet Glorietta Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: feet from S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Jeffrey H. Bull Past Operator's License No. Contact Person: Phone: 405-935-3425 Chesapeake Operating, L.L.C. Past Operator's Name & Address: _ 6100 N Western Ave., Oklahoma City, OK 73118 June 30, 2016 Title: Manager Regulatory - MidCon Signature: 34434 **David Withrow** New Operator's License No. Contact Person: 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: 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. L<u>C</u> is acknowledged as _ is acknowledged as continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Permit No.: 1-27.66. Recommended action: permitted by No.: _ Date: 8-16-1 Authorized Signature Authorized Signature DISTRICT Mail to: Past Operator New Operator. District

Side Two

Must Be Filed For All Wells

Lease Name:	GRAHAM		* 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
1-3	15-175-21225-0001	667 ESLIENL	3458 FELT WL	SWD	Al
		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		<u> </u>
		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		
			FEL/FWL		
		FSL/FNL	FEL/FWL		CC WICHITA
		FSL/FNL	FEL/FWL	_	UL 0 6 2016
		FSL/FNL	FEL/FWL		RECEIVED

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:	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_SE_SW Sec. 3 Twp. 32 S. R. 33 East × West			
Address 1: 8100 E 22nd Street North	County: Seward			
Address 2: Bldg 1900	Lease Name: Graham Well #: 1-3 (SWD)			
City: Witchita State: KS Zip: 67226 +				
David Withrow	the lease below:			
Phone: (316) 201-1744 Fax: ()				
Priorit Address: Fax: ()	WCHITA SW/4 3-305-33W WCHITA SW/4 3-305-33W BECENED BECENED When filing a Form T-1 involving multiple studges gurgers attach an additional			
Email Address:	oule At⊃			
	UB MA			
Surface Owner Information:	CENEU			
Name.	When filing a Form T-1 involving multiple surface owners, attach an additional			
Surface Owner Information: Name: Franz Land Company Address 1: P. O. Box 2707 When filing a Form T-1 involving multiple surface owners, attach an ad sheet listing all of the information to the left for each surface owner. owner information can be found in the records of the register of deeds				
Address 2: county, and in the real estate property tax records of the county treas				
City: Liberal State: KS Zip: 67905 +	· 			
the KCC with a plat showing the predicted locations of lease road	(Cathodic Protection Borehole Intent), you must supply the surface owners and its, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered 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 w CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, I have not provided this information to the surface owner KCC will be required to send this information to the surface.	(s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this ddress of the surface owner by filling out the top section of this form and			
If choosing the second option, submit payment of the \$30.00 ha form and the associated Form C-1, Form CB-1, Form T-1, or For	andling fee with this form. If the fee is not received with this form, the KSONA-1 m CP-1 will be returned.			
I hereby certify that the statements made herein are true and cor	rrect/to the best of my knowledge and belief.			
June 30, 2016	Managing Partner			
Date: Signature of Operator or Agent:	Title:			