District

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells ___ Effective Date of Transfer: __July 1, 2016 Gas Lease: No. of Gas Wells 1 KS Dept of Revenue Lease No.: 209787 Gas Gathering System:____ Lease Name: Lofland Saltwater Disposal Well - Permit No.: ____ Spot Location: ______ feet from N / S Line Legal Description of Lease: \$12 14-355-32w _____feet from E / W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: _Seward Number of Injection Wells Production Zone(s): Morrow Field Name: Liberal-Light Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: __ N / 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 Drilling Past Operator's License No. 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: _ New Operator's License No. _34434 ✓ Contact Person: David Withrow KCC WICHITA 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: RECEIVED Date:_June 30, 2016 Title: Managing Partner 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 the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Permit No.: ______ . 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.: _ 209787				
* Lease Name:	Lofland		* 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
1-14	15-175-20428-0000	2310 Circle	2310 Circle	Gas	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL	KCC	WICHITA
				JUI	0 6 2016
					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: C-1 (Intent)	CB-1 (Cathodic Protection Borehole Intent)		
OPERATOR: License # 34434	Well Location:		
OPERATOR: License # 34434 Name: Edison Operating Company LLC Address 1: 8100 E 22nd Street North Address 2: Bldg 1900	NE_NE_SW Sec. 14 Twp. 35 S. R. 32 East X West		
Address 1: 8100 E 22nd Street North	County: Seward		
Address 2: Bldg 1900	Lease Name: Lofland Well #: 1-14		
City: Witchita State: KS Zip: 67226 +			
Contact Person. David Withrow	the lease helow		
Phone: (316) 201-1744 Fax: ()	-117A S12 14-355-30W		
Email Address:	THILL 210 1 1 222 DAM		
· CC Ann	antb		
Surface Owner Information: Name: Arthur Lofland, et al Address 1: 17933 Road 1 Address 2:	CENED 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.		
	Cathodic Protection Borehole Intent), you must supply the surface owners and is, tank batteries, pipelines, and electrical lines. The locations shown on the platered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, 1 I have not provided this information to the surface owner(s).	(a) Lacknowledge that because I have not been a linear to the second of		
	dress of the surface owner by filling and the ACC performing this		
f choosing the second option, submit payment of the \$30.00 hand 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 CP-1 will be returned.		
hereby certify that the statements made herein are true and corre	ect to the best of my knowledge and helief		
June 30, 2016	// /		
ate: Signature of Operator or Agent:	Managing Partner		