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 ____1 Effective Date of Transfer: _ July 1, 2016 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 139586 Gas Gathering System: Lease Name: MLP Clawson Saltwater Disposal Well - Permit No.: _ <u>SW _ NW _ SW Sec. 34 Twp. 29 R. 34 E</u> Spot Location: _ __ feet from N / S Line Legal Description of Lease: Sw/4 34-295-34w _ feet from L E / L W Line Enhanced Recovery Project Permit No.: __ County: _Haskell Entire Project: Yes No Number of Injection Wells _ Production Zone(s): Chester Field Name: ____ Chester Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: N / S Line of Section _ feet from (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling KH W 32334 🗸 Past Operator's License No. Jeffrey H. Bull Contact Person: _ Past Operator's Name & Address: ___Chesapeake Operating, L.L.C. Phone: 405-935-3425 Date: ____ 6100 N Western Ave., Oklahoma City, OK 73118 Title: Manager Regulatory - MidCon Signature: KCC WICHITA 34434 / Contact Person: David Withrow New Operator's License No. _ 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: RECEIVED 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____. Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT _ PRODUCTION Mail to: Past Operator **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 139586				
* Lease Name:	MLP Clawson		* 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
4-34	<u>15-081-21505-0000</u>	1500 FSL FNL	400 Circle	OIL	IN
		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 _		
			FEL/FWL		
			FEL/FWL _		
			FEL/FWL		KCC WICHITA
			FEL/FWL		JUL 0 6 2016
		· · · · · · · · · · · · · · · · · · ·	FEL/FWL		RECEIVED
		FSL/FNL	_		
			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.

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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	<u>SW_NW_SW</u> Sec. 34 Twp. 29 S. R. 34East 🗵 Wes
Name: Edison Operating Company LLC Address 1: 8100 E 22nd Street North	County: Haskell
Address 2: Bldg 1900	Lease Name: MLP Clawson Well #: 4-34
City: Witchita State: KS Zip: 67226 +	
Contact Person: David Withrow	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
316 . 201-1744	
Email Address:	16HITA SW/4 - 34-29s -34W 16 2016 CENER filling a Form T1 involving multiple gurface gurpers attach an additional filling in the surface gurpers attach and ad
∨CC W	ю
Surface Current Information	6 2016
Surface Owner Information: Name: KMC AG LLC	SEIVED
Address 1: P.O. Box 279	CEIVED CEIVE 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
Address 2:	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.
City: Plains State: KS Zip: 67869 +	
State: State:	-
select one of the following: I certify that, pursuant to the Kansas Surface Owner Not 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, the subject well is or will compare the subject well in the subject well in the subject well is or will compare the subject well in	
KCC will be required to send this information to the surface	c). 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 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.
I hereby certify that the statements made herein are true and corre	ect/to the best of my knowledge and belief.
June 30, 2016	Managing Partner
Date: Signature of Operator or Agent:	Title: