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: Effective Date of Transfer: __July 1, 2016 Oil Lease: No. of Oil Wells . KS Dept of Revenue Lease No.: 209002 Gas Lease: No. of Gas Wells Gas Gathering System:_ Lease Name: Overton D19842.0 Saltwater Disposal Well - Permit No.: _ <u>NW - SE - NE - NW Sec. 21 Twp. 24 R. 40</u> ☐ E ✓ W Spot Location: 4380 feet from N / ✓ S Line Legal Description of Lease: NW/Y 2/-245-40w 3180 feet from ✓ E / W Line Enhanced Recovery Project Permit No.: _ County: Hamilton Entire Project: Yes No Number of Injection Wells Production Zone(s) Field Name: Bradshaw Lansing Injection Zone(s): ** Side Two Must Be Completed. N / S Line of Section feet from Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) W Line of Section feet from Workover Settling Haul-Off Emergency Burn Type of Pit: Jeffrey H. Bull 32334 Contact Person: Past Operator's License No. Phone: _405-935-3425 Chesapeake Operating, L.L.C. Past Operator's Name & Address: _ June 30, 2016 6100 N Western Ave., Oklahoma City, OK 73118 Date: Title: Manager Regulatory - MidCon Signature: Contact Person: David Withrow KCC WICHITA 34434 New Operator's License No. . New Operator's Name & Address: Edison Operating Company, LLC Phone: 316-201-1744 JUL 0 6 2016-8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226 Oil / Gas Purchaser: Date: June 30, 2016 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 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: None permitted by No.: ___ Authorized Signature **PRODUCTION** DISTRICT. District L **New Operator** Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

* Lease Name:	No.: <u>1209602</u> Overton		-		
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/Abandonec
2A-21	15-075-20321-0000	4380 FSL)FNL	3180 (FEL) FWL	SWD	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		WICHITA
		F\$L/FNL	FEL/FWL		L 0 6 2016
		FSL/FNL	FEL/FWL	F	RECEIVED
		FSL/FNL	FEL/FWL		***************************************
		FSL/FNL	FEL/FWL		
•		FSL/FNL	FEL/FWL		
		FSL/FNL	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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Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
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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.

OPERATOR: License # 34434	Well Location:
Name: Edison Operating Company LLC	NW SE NE NW Sec. 21 Twp. 24 S. R. 40 East West
Address 1: 8100 E 22nd Street North	County: Hamilton
Address 2: Bldg 1900	Lease Name: Overton Well #: 2A-21
City: Witchita State: KS Zip: 67226 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Bornon, David Withrow	the lease below:
Phone: (316) 201-1744 Fax: ()	NW/4 21-245-40W
Email Address:	Michi
KOS	a 6 2016
JUI	WICHITA NW/Y 21-245-40W 86 2016 RECEIVED When filing a Form T-1 involving multiple surface owners, attach an additional
Surface Owner Information: Name: Englert Investment Co LP	RECE
Address 1: P.O. Box 494	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.
Address 2:	
City: State: TO Zip: 07070 +	
are preliminary non-binding estimates. The locations may be ended as Select one of the following: I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number	Adds, tank batteries, pipelines, and electrical lines. The locations shown on the plat intered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this er, fax, and email address. I acknowledge that, because I have not provided this information, the
KCC will be required to send this information to the sur task, I acknowledge that I must provide the name and a that I am being charged a \$30.00 handling fee, payable	rface owner(s). To mitigate the additional cost of the KCC performing this address of the surface owner by filling out the top section of this form and to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 h form and the associated Form C-1, Form CB-1, Form T-1, or Fo	andling fee with this form. If the fee is not received with this form, the KSONA-1 orm CP-1 will be returned.
I hereby certify that the statements made herein are true and co	orrect to the best of my knowledge and belief.
June 30, 2016	Managing Partner
Date: Signature of Operator or Agent:	Title: