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

UICAUG 10

District .

2016

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: Pyle Saltwater Disposal Well - Permit No.: ___ $\frac{\text{SW}}{\text{SW}} \cdot \frac{\text{SW}}{\text{SW}} \cdot \frac{\text{SW}}{\text{NE}} \cdot \frac{\text{Sec.}}{\text{13}} \cdot \frac{13}{\text{Twp.}} \cdot \frac{31}{\text{R}} \cdot \frac{18}{\text{R}} \cdot \frac{18}{\text{EV}} \cdot \text{W}$ _ feet from N / S Line Legal Description of Lease: AU 13-315-18W feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Comanche Entire Project: Yes No Number of Injection Wells _ Mississippian Production Zone(s):_ Field Name: Wilmore 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) W Line of Section feet from KH V Workover Burn Haul-Off Type of Pit: Emergency Contact Person: ____Jeffrey H. Bull Past Operator's License No. 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: . 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 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 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.: ___ Authorized Signature Authorized Signature

DISTRICT _

Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

| KDOR Lease | No.: 223894 / 135376 | | | | |
|---------------|------------------------------|--|--------------|-----------------------------------|--------------------------------------|
| * Lease Name: | Pyle | | * 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) |
| 4-13 | 15-033-20963-0000 V | 474 Circle | 4906 FEL FWL | GAS | PR |
| 5-13 | 15-033-21136-0000 V | 4260 (FSL) FNL | 2309 FELFWL | 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 | | |
| | | 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 | | KCC WICHITA |
| | | FSL/FNL | FEL/FWL | | JUL 0 6 2016 |
| | | FSL/FNL | FEL/FWL | | RECEIVED |
| | | FSL/FNL . | FEL/FWL . | | |
| | | FSL/FNL | FEL/FWL | | |

__ FEL/FWL _

___FSL/FNL __

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.

| 24424 | | | |
|--|--|--|--|
| OPERATOR: License # 34434 Name: Edison Operating Company LLC Address 1: 8100 E 22nd Street North | Well Location: SW_NW_NE_Sec. 13 Twp. 31 S. R. 18 ☐ East ⊠ West | | |
| Name: Edison Operating Company LLC | SW_NE_NE_Sec. 13 Twp. 31 S. R. 18 East West | | |
| Address 1: 0100 E 22110 Street North | County: | | |
| Address 2: Bldg 1900 | Lease Name: PYLE Well #: 5-13 | | |
| City: Witchita State: KS Zip: 67226 + | , | | |
| Contact Person: David Withrow | | | |
| Phone: (316) 201-1744 Fax: () | MICHITA ALLI3-315-18W | | |
| Email Address: | the lease below: WICHITA ALUI3-3IS-ISW RECEIVED 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 | | |
| Surface Owner Information: | L OFIVED | | |
| Name: Ruby Booth | RECEI | | |
| Address 1. C/O Charles Metzger | the state of the s | | |
| Address 1: C/O Charles Metzger Address 2: PO Box 277 | 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: Wilmore State: KS Zip: 67155 + | | | |
| | | | |
| the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be en 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 worker (P-1) that I am filling in connection with this form; 2) if the form; and 3) my operator name, address, phone number | | | |
| KCC will be required to send this information to the surf task, I acknowledge that I must provide the name and a that I am being charged a \$30.00 handling fee, payable | r(s). I acknowledge that, because I have not provided this information, the face 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. and ling fee with this form. If the fee is not received with this form, the KSONA-1 | | |
| ir 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 I hereby certify that the statements made herein are true and co | rm CP-1 will be returned. | | |
| form and the associated Form C-1, Form CB-1, Form T-1, or For | rm CP-1 will be returned. | | |