

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 \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells 2 \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_
- Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: "BRADSHAW GAS AREA"

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: July 1, 2016

KS Dept of Revenue Lease No.: 219376 / 222936

Lease Name: STRATE

\_\_\_\_\_ SE - NW - NW Sec. 14 Twp. 22 R. 41  E  W

Legal Description of Lease: SE 1/4 + W 1/2 14-22s-41w

County: Hamilton

Production Zone(s): "CHASE"

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling KH

Past Operator's License No. 32334

Contact Person: Jeffrey H. Bull

Past Operator's Name & Address: Chesapeake Operating, L.L.C.  
6100 N Western Ave., Oklahoma City, OK 73118

Phone: 405-935-3425

Date: June 30, 2016

Title: Manager Regulatory - MidCon

Signature: [Signature]

**KCC WICHITA**

New Operator's License No. 34434

Contact Person: David Withrow

New Operator's Name & Address: Edison Operating Company, LLC  
8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226

Phone: 316-201-1744

Oil / Gas Purchaser: ONEOK

Date: June 30, 2016

Title: Managing Partner

Signature: [Signature]

**JUL 06 2016**

**RECEIVED**

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # \_\_\_\_\_ has been 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 Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: \_\_\_\_\_ .

Date: \_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_  
Authorized Signature

DISTRICT _____	EPR _____	PRODUCTION <u>87676</u>	UI <b>AUG 16 2016</b>
Mail to: Past Operator _____	New Operator _____	District _____	



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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)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 34434  
Name: Edison Operating Company LLC  
Address 1: 8100 E 22nd Street North  
Address 2: Bldg 1900  
City: Wichita State: KS Zip: 67226 + \_\_\_\_\_  
Contact Person: David Withrow  
Phone: ( 316 ) 201-1744 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
SE NW NW Sec. 14 Twp. 22 S. R. 41  East  West  
County: Hamilton  
Lease Name: Strate Well #: 2-14

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

SE/4 + W/2 14-22s-4/w

**Surface Owner Information:**

Name: Gordon Einspahr  
Address 1: P.O. Box 1243  
Address 2: \_\_\_\_\_  
City: Syracuse State: KS Zip: 67878 + \_\_\_\_\_

*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.*

*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: June 30, 2016 Signature of Operator or Agent: [Signature] Title: Managing Partner

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Contact Person: David Withrow  
Phone: ( 316 ) 201-1744 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
NE NE SW SW Sec. 14 Twp. 22 S. R. 41  East  West  
County: Hamilton  
Lease Name: Strate Well #: 3-14

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**KCC WICHITA  
JUL 06 2016  
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