### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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 \_\_\_\_1 KS Dept of Revenue Lease No.: \_ 137068 Gas Lease: No. of Gas Wells \_ Gas Gathering System: Lease Name: WILLETT ESTATE Saltwater Disposal Well - Permit No.: \_\_\_\_ \_ <u>E2 \_ SE \_ SE Sec. 20 Twp. 30 R. 33</u> F feet from N / S Line Legal Description of Lease: SE/4 20-305-33W feet from E / W Line Enhanced Recovery Project Permit No.: \_\_ County: Haskell Entire Project: Yes No Number of Injection Wells \_\_\_\_ "Morrow" Production Zone(s): "VICTORY" Field Name: . 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 Workover Haul-Off Emergency Burn Type of Pit: Jeffrey H. Bull Contact Person: \_ 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: KCC WICHITA Contact Person: David Withrow 34434 🗸 New Operator's License No. -JUL 06 2016 New Operator's Name & Address: Edison Operating Company, LLC Phone: 316-201-1744 RECEIVED 8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226 Oil / Gas Purchaser: Date: June 30, 2016 Managing Partner Signature: Title: 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 permitted by No.: \_\_ . Recommended action: Date: Authorized Signature Authorized Signature PRODUCTION DISTRICT -District **New Operator** Mail to: Past Operator \_

Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 137068				
	L = TT = OTATE		* 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)
2-20	15-081-21593-0000	664 FSL FNL	347 <i>Circle</i> FELFWL	OIL	PR
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
			FEL/FWL		
	• .		FEL/FWL	K	JUL 0 6 2016
					JUL 0 6 2010
					NLO2.
	_		FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

Address 1: 8100 E 22nd Street North  Address 2: Bldg 1900  City: Witchita State: KS Zip: 67226   If filing a Form T-1 for m the lease below:  Contact Person: David Withrow  Phone: (316) 201-1744   Fax: ( )  Email Address: Surface Owner Information:  Name: Blair, Kerri Kim REV Trust  Address 1: 855 RD 230  County: Haskell  Lease Name: Willett E  When filing a Form T-1 for m the lease below:  When filing a Form T-1 is sheet listing all of the in owner information can be	ent) X T-1 (Transfer) CP-1 (Plugging Application)		
Name: Edison Operating Company LLC  Address 1: 8100 E 22nd Street North  Address 2: Bidg 1900  City: Witchita			
Address 1: 8100 E 22nd Street North  Address 2: Bidg 1900  City: Witchita			
Address 2: Bidg 1900  City: Witchita	E2 SE SE Sec. 20 Twp. 30 S. R. 33 East West		
City: Witchita State: KS Zip: 67226 + If filing a Form T-1 for m the lease below:  Contact Person: David Withrow  Phone: (316) 201-1744 Fax: ()  Email Address: KCC Will a plat showing the predicted locations of lease roads, tank batteries, pipelines, and are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form Select one of the following:	Estato 2-20		
Contact Person: David Withrow  Phone: ( 316 ) 201-1744 Fax: ( )	Estate Well #: 2-20		
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Address 2:			
Address 2:	4 20-305-33W		
Address 2:	,		
the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form Select one of the following:    I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I had owner(s) of the land upon which the subject well is or will be located: 1) a copy of the FCP-1 that I am filling in connection with this form; 2) if the form being filed is a Form C-1 of 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 KCC will be required to send this information to the surface owner(s). To mitigate the a task, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed we If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the	involving multiple surface owners, attach an additional nformation to the left for each surface owner. Surface be found in the records of the register of deeds for the state property tax records of the county treasurer.		
<ul> <li>I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I had owner(s) of the land upon which the subject well is or will be located: 1) a copy of the F CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 of form; and 3) my operator name, address, phone number, fax, and email address.</li> <li>□ I have not provided this information to the surface owner(s). I acknowledge that, because KCC will be required to send this information to the surface owner(s). To mitigate the a task, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed w</li> <li>If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the</li> </ul>	l electrical lines. The locations shown on the plat		
KCC will be required to send this information to the surface owner(s). To mitigate the a task, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with the second option, submit payment of the \$30.00 handling fee with this form. If the	Form C-1, Form CB-1, Form I-1, or Form		
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the form and the associated Form C-1. Form CB-1. Form T-1, or Form CP-1 will be returned.	dditional cost of the KCC performing this filling out the top section of this form and		
form and the appropriated Form O. 1, Form O. 1, Form F. 1, O. 1 of the Control of	fee is not received with this form, the KSONA-1		
	go and helief		
I hereby certify that the statements made herein are true and correct to the best of my knowledge			
June 30, 2016  Date: Signature of Operator or Agent:	Managing Partner Title:		