Kansas Corporation Commission Oil & Gas Conservation Division

Form I-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 _ Effective Date of Transfer: __July 1, 2016 Gas Lease: No. of Gas Wells _ 1 KS Dept of Revenue Lease No.: 209807 Gas Gathering System:_ Lease Name: CUNNINGHAM Saltwater Disposal Well - Permit No.: _ _ SW _ SE _____ feet from N / S Line Legal Description of Lease! feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Stevens Enlire Project: Yes No Number of Injection Wells Production Zone(s):_ Field Name: "HANKE" Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No .: _ feet from S Line of Section (API No. if Drill Pit. WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Contact Person: __Jeffrey H. Bull Past Operator's License No. 32334 / Chesapeake Operating, L.L.C. 405-935-3425 Past Operator's Name & Address: 6100 N Western Ave., Oklahoma City, OK 73118 June 30, 2016 Title: Manager Regulatory - MidCon Signature: CC WICHITA 34434 David Withrow New Operator's License No. Contact Person: . <u>JUL 06 2016</u> New Operator's Name & Address: Edison Operating Company, LLC Phone: 316-201-1744 8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226 Oil / Gas Purchaser: Date: _June 30, 2016 Tille: 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: permitted by No.: __ Date: Authorized Signature Authorized Signature DISTRICT _ Mail to: Past Operator _ New Operator

Must Be Filed For All Wells

	No.: 209807 CUNNINGHAM				
* Lease Name:	CONTINUENTAL		* 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
2-25	15-189-20458-0000	1110 FSL FNL	1530 Circle	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		
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		FSL/FNL	FEL/FWL _		WICHITA
		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 _		

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 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.

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</u> Sec. 25 Twp. 34 S. R. 37 ☐ East ➤ Wes		
Address 1: 8100 E 22nd Street North	County: Stevens		
Address 2: Bldg 1900	Lease Name: Cunningham Well #: 2-25		
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:		
Phone: (316) 201-1744 Fax: () CC WICH Fax: ()			
Email Address:	16 SW14+E12 25-345-37W		
1111 06 20	16 SW/4+E12 25-345-37W		
-CEIV	ED		
Surface Owner Information: Name: Wade D & Maryruth Greenwood Life Estate			
Address 1: 1500 S Monroe St	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
State: 10 Zip: 07931 + 3034			
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be keepen correction; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I as KCC will be required to send this information to the surface owner.	cknowledge that, because I have not provided this information, the /ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and		
f choosing the second option, submit payment of the \$30.00 handling orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
hereby certify that the statements made herein are true and correct to			
June 30, 2016 ale: Signature of Operator or Agent:	Managing Partner		