District

### 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 \_\_ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: Lucrettia Bivans Saltwater Disposal Well - Permit No.: \_\_\_ - <u>S2 - NE - NE Sec. 24 Twp. 34 R. 36 </u> □ E ✓ W \_\_ feet from N / S Line Legal Description of Lease: 24-345-36w \_\_feet from DE / W Line Enhanced Recovery Project Permit No.: \_ County: Stevens Entire Project: Yes No Number of Injection Wells \_ Production Zone(s): MRW L Field Name: Walkemeyer Southeast 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 Type of Pit: Settling Haul-Off Workover Emergency Burn Jeffrey H. Bull Received Past Operator's License No. Contact Person: Past Operator's Name & Address: \_\_\_Chesapeake Operating, L.L.C. Phone: 405-935-3425 AUG 2 5 2016 Date: \_\_\_\_ June 30, 2016 6100 N Western Ave., Oklahoma City, OK 73118 CONSERVATION DIVISION Title: Manager Regulatory - MidCon WICHITA, KS Signature: \_ Contact Person: David Withrow New Operator's License No. 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 Managing Partner 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 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.: \_\_\_ Authorized Signature Authorized Signature DISTRICT \_\_\_\_\_

Mail to: Past Operator \_\_\_\_\_

Side Two

#### Must Be Filed For All Wells

* Lease Name:	Lucrettia Bivans		* 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)
1	15-189-20925-0000	4619 Circle	682 Circle	Gas	PR
% <del></del> -		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
<u></u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
- 13-13-13-13-13-13-13-13-13-13-13-13-13-1	<u> </u>	FSL/FNL	FEL/FWL	<del></del>	
		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		0 6 2016
		FSL/FNL	FEL/FWL	R	ECEIVED
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		EOL (ENI	FEL/FWL	Re KANSAS CORPO	ceived RATION COMMISSION
				AUG	2 5 2016
			FEL/FWL	CONSERVA	ATION DIVISION HITA, KS

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.

OPERATOR: License # 34434	Well Location:	
Name: Edison Operating Company LLC	<u>.S2NE_NE_Sec. 24Twp. 34_S.R. 36</u> East X Wes	
Address 1: 8100 E 22nd Street North	County: Stevens	
Address 2: Bldg 1900	Lease Name: Lucrettia Bivans Well #; 1	
City: Witchita State: KS Zip: 67226 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o	
Contact Person: David Withrow	the lease below:	
Phone: ( 316 ) 201-1744 Fax: ( )	10 24-345-36W N/2	
Phone: ( 316 ) 201-1744 Fax: ( ) KCC WICHI		
KCO - SUI	<u> </u>	
Surface Owner Information:		
Surface Owner Information:  Name: Keith Secrest, Etal  RECEIVE	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: 6120 W Airport Rd	sheet listing all of the information to the left for each surface owner. Surface	
Address 2:	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: Stillwater State: OK Zip: 74075 + 1169		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat	
☑ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plat(s) required by this	
☐ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this f the surface owner by filling out the top section of this form and	
If choosing the second option, submit payment of the \$30.00 handling fed form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v		
I hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.	
June 30, 2016	Managing Partner	
Date: Signature of Operator or Agent:	Tille:	

AUG 2 5 2016