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: MUST be subm	nitted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:July 1, 2016			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 217100			
Gas Gathering System:	Lease Name: McCarty			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from DE / W Line	Legal Description of Lease: NEI4 34-33s-3	>8W		
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Stevens Production Zone(s): Chase Group			
Number of Injection Wells **				
Field Name: Hugoton Gas Area				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling ##			
Past Operator's License No. 32334 /	Contact Person:Jeffrey H. Bull			
Past Operator's Name & Address:Chesapeake Operating, L.L.C.	Phone: 405-935-3425			
6100 N Western Ave., Oklahoma City, OK 73118	Date: June 30, 2016			
Title: Manager Regulatory - MidCon	Signature: MM Bull			
24424	KCC W	TCHITA		
New Operator's License No. 34434	Contact Person: David Withrow	2010		
New Operator's Name & Address: Edison Operating Company, LLC	Phone: 316-201-1744			
8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226	_	EIVED		
	Date: June 30, 2016	4 - 4		
Title: Managing Partner	Signature: Signature:			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization surface pit normit #	has been		
noted, approved and duly recorded in the records of the Kansas Corporation C				
Commission records only and does not convey any ownership interest in the a	•	Siporation		
is acknowledged as	is acknowl	edged as		
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the su	urface pit		
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
Co. 40 No. 24 No. 25 No	RODUCTION $8-19-16$,		
Mail to: Past Operator New Operator	District			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.:217100				
* Lease Name:	McCarty		* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Li		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1-24	15-189-21403-0000	1279 Circle FSL/FNL	1329 (FEDFWL	Gas	PR
		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 _		
				~	
		FSL/FNL	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		(No. 1)

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.

Select the corresponding form being filed: C-1 (Intent) CB-	1 (Cathodic Protection Borehole Intent) X T-1 (Tra	nsfer) CP-1 (Plugging Application)		
OPERATOR: License # 34434	Well Location:			
Name: Edison Operating Company LLC				
Address 1: 8100 E 22nd Street North	County: Stevens	S. H [] East [X] West		
Address 2: Bldg 1900	Lease Name: McCarty	Woll #. 1-24		
City: Witchita State: KS Zip: 67226 +				
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: ()	ME1424-335	-2841		
Email Address:	1016 MEIA 84 323	24.0		
Surface Owner Information:	IVED			
Name.	vvnen tiling a Form 1-1 involving multiple	vvnen tiling a Form 1-1 involving multiple surface owners, attach an additional		
Address 1: Susan B Hudson	sheet listing all of the information to the left for each surface owner. Surfac owner information can be found in the records of the register of deeds for th			
Address 2: 1861 Ridge Rd	county, and in the real estate property ta	x records of the county treasurer.		
City: Pottstown State: PA Zip: 19465 + 8812				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or task, I acknowledge that I must provide the name and address.	Act (House Bill 2032), I have provided the located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, the and email address. Cacknowledge that, because I have not provided the located: 1). To mitigate the additional cost of sof the surface owner by filling out the top.	The locations shown on the plat separate plat may be submitted. e following to the surface CB-1, Form T-1, or Form he plat(s) required by this vided this information, the		
that I am being charged a \$30.00 handling fee, payable to the If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	fee with this form. If the fee is not receiv	red with this form, the KSONA-1		
hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.			
June 30, 2016 Date: Signature of Operator or Agent:	G-Ule Man	aging Partner		