## 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:	I		
Oil Lease: No. of Oil Wells	Effective Date of Transfer:July 1, 2016  KS Dept of Revenue Lease No.:212588 / 214277  Lease Name:Parker Estate SWNWNWNWSec32Twp34R36EW		
Gas Lease: No. of Gas Wells 2 **			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Legal Description of Lease: 32 -345 -36 w		
feet from L E / L W Line	County: Stevens  Production Zone(s): MRW L		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No			
Number of Injection Wells **			
Field Name: Hanke	Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
T(D)	feet from E / W Line of Section		
Type of Pit: Burn Settling	Haul-Off Workover Drilling		
Past Operator's License No. 32334	Contact Person: Jeffrey H. Bull Received		
Past Operator's Name & Address: Chesapeake Operating, L.L.C.	Phone: 405-935-3425 KANSAS CORPORATION COMMISSION		
6100 N Western Ave., Oklahoma City, OK 73118	Date: June 30, 2016 AUG 2 5 2016		
Title: Manager Regulatory - MidCon			
Title: martage, regulatory macon	Signature: WICHITA, KS		
New Operator's License No. 34434	Contact Person: David Withrow KCC WICHITA		
New Operator's Name & Address: Edison Operating Company, LLC	Phone: 316-201-1744		
	JOL U 0 2010		
8100 E 22nd Street North, Bldg 1900, Wichita, Kansas 67226	Oil / Gas Purchaser: ONeok RECEIVED		
	Date: June 30, 2016		
Title: Managing Partner	Signature:		
A Water State of the State of t			
Acknowledgment of Transfer: The above request for transfer of injection a	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 a	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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Author Ared Signa 2 reg 2016		
DISTRICT EPR 8-06-76 P	PRODUCTION 8-277 UIC UIC		
Man to East Oberator	District		

Side Two

### Must Be Filed For All Wells

KDOR Lease	No.: _ 212588 / 214277				
* Lease Name:	Parker Estate		* 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)
2-32	15-189-20871-0000	4946 FSL/FNL	4652 FELFWL	GAS	IN
4-32	15-189-20894-0000	330 (FSL)FNL	2300 (FEL)FWL	GAS	PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
8		FSL/FNL	FEL/FWL		
s		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 _	KCC WIG	CHITA
		FSL/FNL	FEL/FWL	JUL 06	2016
		FSL/FNL	FEL/FWL	RECEI	VED
		FSL/FNL	FEL/FWL		Received
		-	FEL/FWL _	KANS	AUG 2 5 2016
20 9290000					CONSERVATION DIVISION
			FEL/FWL _		WICHITA, 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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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)		
OPERATOR: License # 34434	Well Location:		
Name: Edison Operating Company LLC	SW NW NW NW Sec 32 Two 34 S R 36 Feet Wast		
Address 1: 8100 E 22nd Street North	County: Stevens		
Address 2: Bldg 1900	Lease Name: Parker Estate Well #: 2-32 ♥ 4-32		
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 o the lease below:		
Phone: ( 316 ) 201-1744 Fax: ( )	NTA MA 32-345-360 NW/4 + SE/4		
Phone: ( 316 ) 201-1744 Fax: ( )	716		
Surface Owner Information:  Name: Jerry H Cox  RECEI			
Address 1: 499 Road 18	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.		
City: Hugoton State: KS Zip: 67951 + 5108			
are preliminary non-binding estimates. The locations may be entered or Select one of the following:	s batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, are	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
KCC will be required to send this information to the surface ow	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 CC, which is enclosed with this form.		
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-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	the best of my knowle <del>dge</del> and belief.		
June 30, 2016 Date: Signature of Operator or Agent:	Managing Partner		
- Summer of Operation of Agents	KANSAS CORPORATION CAMMINIOUS		
	ALIG 25 2016		