Kansas Corporation Commission 040117_Light_1_17.pdf OIL & GAS CONSERVATION DIVISION

Authorized Signature

UIC

District

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: April 1, 2017 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 125125 Gas Gathering System: Lease Name: LIGHT 1-17 DLM Saltwater Disposal Well - Permit No.: - NW - NE Sec. 17 Twp. 35 R. 32 Spot Location: feet from S Line Legal Description of Lease: N/2 NE/4 of Section 17-35S-32W feet from E / W Line Enhanced Recovery Project Permit No.: E 13755 County: SEWARD Entire Project: Yes Number of Injection Wells MARMATON Production Zone(s): Field Name: THREE STAR 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 34434 David Withrow Past Operator's License No. Contact Person: Phone: 316-201-1744 Edison Operating Company, LLC Past Operator's Name & Address: 8100 E. 22nd St North, Bldg 1900 Wichita, KS 67226 May 1, 2017 Date: Received Managing Partner Signature: Contact Person: Justin R. Prater 34975 New Operator's License No. CONSERVATION DIVISION New Operator's Name & Address: StrataKan Exploration, LLC Phone: 785-688-4241 WICHITA, KS 204 W. Mill St. Plainville, Kansas 67663 Oil / Gas Purchaser: CHS Date: May 1, 2017 Title: Managing Member 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 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.:

Authorized Signature

Date:

PRODUCTION

Date:

DISTRICT

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 125125					
* Lease Name: LIGHT 1-17 DLM			* Location: N	* Location: N/2 NE/4 Section 17-35S-32W		
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	
1-17	1517520687	3632 Cucle 660 (FSI) FNI	1982 Cilcle 1980 FED/FWL	iPS Footages	D : 54. 1 prod	
		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		Received	
		FSL/FNL	FEL/FWL		CORPORATION COMMISSION UN 0 5 2017	
		FSL/FNL	FEL/FWL		ISERVATION DIVISION	
		FSL/FNL	FEL/FWL	90.	WICHITA, KS	
		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			

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 (Trans	fer) CP-1 (Plugging Application)	
OPERATOR: License # 34975	Well Location:		
Name: StrataKan Exploration, LLC	NW_NE Sec. 17 Twp. 38	S. R. 32 East × West	
Address 1: 204 W. Mill Street	County: RICE		
Address 2:	Lease Name: LIGHT DLM	Well #: 1-17	
City: Plainville State: KS Zip: 67663			
Contact Person: Justin R. Prater	the lease below:		
	N/2 NE/4 SECTION 17-35S	5-32W	
Phone: (785) 688-4241 Fax: (785) 6884240 Email Address: Receiv	red COMMISSION		
KANSAS CORPORAT*	2047		
U MIII	2 70.		
	ON DIAISIS.		
Name: Light Investments LLC CONSERVATI Address 1: P.O. Box 2797	TA. ^{KS} When filing a Form T-1 involving multiple s sheet listing all of the information to the le	urface owners, attach an additional	
Address 1: 7.0, Box 2797	owner information can be found in the rec	ords of the register of deeds for the	
Address 2: City: Liberal State: 145 Zip: 47905 + 2797	county, and in the real estate property tax	records of the county treasurer.	
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, tal are preliminary non-binding estimates. The locations may be entered	nk batteries, pipelines, and electrical lines. 🤈	The locations shown on the plat	
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, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address 	located: 1) a copy of the Form C-1, Form C being filed is a Form C-1 or Form CB-1, the and email address. acknowledge that, because I have not provious experience. To mitigate the additional cost of I	CB-1, Form T-1, or Form e plat(s) required by this ded this information, the the KCC performing this	
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 CF	KCC, which is enclosed with this form. g fee with this form. If the fee is not receive		
I hereby certify that the statements made herein are true and correct t	o the best of my knowledge and belief.		
Date: 5-24-17 Signature of Operator or Agent:	Title:	resident	