RECEIVED JUL 1 2 2010 KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

April 2004 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

Check Applicable Boxes:	t ·	
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 07/01/2010	
✓ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 134387/221606	
Gas Gathering System:	Lease Name: ADAMS L-2	
Saltwater Disposal Well - Permit No.:		
Spot Location: 2310 feet from N / S Line	NENESESec. 33 Twp. 29 R. 34 EVW	
feet from E /W Line	Legal Description of Lease: SE/4 of 33-29-34W	
Enhanced Recovery Project Permit No.:		
Entire Project: Yes No	County: HASKELL	
Number of Injection Wells**	Production Zone(s): MORROW RECEIVED	
Field Name: EUBANK	4110 4 6 2010	
State Type of the Computation	Injection Zone(s): AUG 1 1 2010	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling	
Past Operator's License No. 32446	Contact Person: Lynne Moon	
Past Operator's Name & Address: Merit Energy Company		
13727 Noel Road, Suite 500 Dallas, Texas 75240	Phone: 972-628-1569	
AUC 1 0 2040	Date: 07/01/2010	
Title: Regulatory Manager AUG 1 8 2010	Signature	
New Operator's License No. 34408 / KCC WICHITA	Contact Person: Randall K. Click	
New Operator's Name & Address: Cisco Operating, LLC	Phone: 214-291-9987	
6900 North Dallas Parkway Suite 740 Plano, Texas 75024	Oil / Gas Purchasen	
Title: President	Date: 07/01/2010 Signature: UMULL	
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been	
noted, approved and duly recorded in the records of the Kansas Corpor	ration 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 acknowleged as the	is acknowleged as the	
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit	
Permit No.: Recommended action:	permitted by No.:	
Date:	Date:	
Authorized Signature	Authorized Signature	
DISTRICT EPR _/0-/3-/0	PRODUCTION 10/14/10 UIC 10-14-10	
Mail to: Past Operator New Operator	District	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

SCANNED

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 134387/221606 * Location: Sec. 33-29-34W * Lease Name: ADAMS L-2 Well No. API No. Footage from Section Line Type of Well Well Status (i.e. FSL = Feet from South Line) (YR DRLD/PRE '67) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) Circle-L-24 W 15-081-21093 / 2310 330 TA'D FSLIFNL FSL/FNL FEL/FWL FSL/FNL **FEL/FWL** FSL/FNL FEL/FWL FSL/FNL FEL/FWL _ 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** FEL/FWL FSL/FNL FSL/FNL FEL/FWL FSL/FNL _ FEL/FWL FSL/FNL FEL/FWL FSL/FNL . FEL/FWL FEL/FWL FSL/FNL _

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 2010 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 #32446 Name:Merit Energy Company	Well Location: NE_ NE_ SE Sec. 33 Twp. 29 S	. R. <u>34</u>
Address 1: 13727 Noel Rd. Suite 500	County: Haskell Lease Name: Adams	
Address 2:		
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:	
Contact Person: Lynne Moon Phone: (972) 628-1569 Fax: (972) 628-1869	RECEIVED	RECEIVED
Email Address: 1ynne.moon@meritenergy.com	AUG 1 8 2010	AUG 1 2 2010
Surface Owner Information:	KCC WICHITA	KCC WICHITA
Name: Marguerite Rooney Address 1: 1961 Road CC Address 2:	When filing a Form T-1 involving multiple surface owners, attach an addition 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 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 (Cathothe KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The	locations snown on the plat
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	located: 1) a copy of the Form C-1, Form CB- being filed is a Form C-1 or Form CB-1, the p	1, Form 1-1, or Form
I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.	wner(s). To mitigate the additional cost of the	KCC performing this
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	g fee with this form. If the fee is not received v -1 will be returned.	vith this form, the KSONA-1
I hereby certify that the statements made herein are true and correct to		
Date: 07/01/2010 Signature of Operator or Agent	Mor Title: Regula	tory Manager