## RECEIVED

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 April 2004 Form must be Typed Form must be Signed All blanks must be Filled

## JUL 1 2 2010

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

KCC WICHIIA Check Applicable Boxes:	
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 07/01/2010
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 134981/221665
Gas Gathering System:	11 <b>V</b>
Saltwater Disposal Well - Permit No.:	Lease Name: 7.574110 E V
Spot Location: 330 feet from N/ S Line	
feet from [ ] E / VW Line	Legal Description of Lease: SE/4 of 33-39-34W
Enhanced Recovery Project Permit No.:	V
Entire Project: Yes No	County: HASKELL RECEIVED
Number of Injection Wells**	Production Zone(s): BASAL CHESTER AUG 1 2201
Field Name: EUBANK	
Stell Problem 12 solubled in	Injection Zone(s): KCC WICHI
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
(API No. II DHII PIL, WO of Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 32446	Contact Person: Lynne Moon
Past Operator's Name & Address: Merit Energy Company	Phone: 972-628-1569
13727 Noel Road, Suite 500 Dallas, Texas 75240 RECEIVED	Date: _07/01/2010
Title: Regulatory Manager AUG 1 8 2010	Signature Lypu Moon
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 N. Dallas Parkway Suite 740 Plano, Texas 75024	Oil / Gas Purchaser:
	Date: 07/01/2010
Title: President	Signature:
Acknowledgment of Transfer: The above request for transfer of injection au noted, approved and duly recorded in the records of the Kansas Corporat	ion Commission. This acknowledgment of transfer pertains to Kansas
Corporation Commission records only and does not convey any ownership in	nterest in the above injection well(s) or pit permit.
is acknowleged as the	is acknowleged as the
ew 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.:
pate:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 10-13-10 PR	ODUCTION /0/14/10 UIC 10-14-10

#### Side Two

### Must Be Filed For All Wells

	No.: 134981/221665 ADAMS L-3	N	*	Location: S	EC.33-T298	S-R36W	
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)	
L-3	15-081-21104-00-01/	330 Circle	2060	Circle FEDFWL	OIL		TA'ed
		FSL/FNL		_ FEL/FWL	- X	-	
		FSL/FNL		_ FEL/FWL			*
	-	FSL/FNL		_ FEL/FWL			
		FSL/FNL		_ FEL/FWL			3.7
		FSL/FNL		_ FEL/FWL			Agusta Artista (n. 1866). 18 <del>15 - 1884</del>
		FSL/FNL		_FEL/FWL			
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		FSL/FNL		FEL/FWL	*	<u> </u>	
		FSL/FNL	***	FEL/FWL			
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		FSL/FNL		FEL/FWL			
		FSL/FNL		FEL/FWL		<u> </u>	
		FSL/FNL		FEL/FWL			

A separate sheet may be attached if necessary

11 1318

<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.

## 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	I (Cathodic Protection Borehole Intent) X T-1 (1	Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 32446	Well Location:				
Name: Merit Energy Company	<u>SW_SW_SE</u> Sec. <u>33</u> Twp	o. 29 S. R. 3 <b>∉</b> ☐ East 🖪 West			
Address 1: 13727 Noel Rd. Suite 500	County: <u>Haskell</u>				
Address 2:	Lease Name: Adams	Well #:L-3			
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells o	on a lease, enter the legal description of			
Contact Person: Lynne Moon	RECEIVED	RECEIVED			
Phone: ( 972 ) 628-1569 Fax: ( 972 ) 628-1869					
Email Address: 1ynne.moon@meritenergy.com	AUG 1 8 2010	AUG 1 2 2010			
	KCC WICHITA	KCC WICHITA			
Surface Owner Information:	NOO WICHITA	1,00 111011111			
Name: Marguerite Rooney	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1: 1961 Road CC	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	y tax records of the county treasurer.			
City:Satanta State:KSZip:67870 _ +					
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, ta are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lin	es. The locations shown 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,  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 am being charged a \$30.00 handling.	e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-and email address.  acknowledge that, because I have not bowner(s). To mitigate the additional cost	provided this information, the st 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 Cl	ng fee with this form. If the fee is not re P-1 will be returned.	ceived with this form, the KSONA-1			
I hereby certify that the statements made herein are true and correct					
Date: 07/01/2010 Signature of Operator or Agent	Title:	Regulatory Manager			