KCC WICHITA

Form T-1 April 2004 Form must be Typed Form must be S All blank

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

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tion tion	DOLLO D Mark box or a			

Check Applicable Boxes:	1
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.: 132758/219792
Gas Gathering System:	Lease Name: B. MAYBERRY 1
Saltwater Disposal Well - Permit No.:	
Spot Location: 1500 feet from N/ S Line	
1320 feet from [VE/ W Line	Legal Description of Lease: $SE/4$ $\sqrt{12:33-38}$ $\sqrt{12:33-38}$
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: STEVENS
Number of Injection Wells**	Production Zone(s): LOWER MORROW
Field Name: GENTZLER	
and the state of t	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 Of
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	Date: 07/01/2010
Title: Regulatory Manager	Signature: Moon
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 N. Dallas Parkway Suite 740 Plano, Texas 75024	Oil / Gas Purchaser:
	Date: 07/01/2010
Title: President	Signature: V Color
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 Corpora	ation 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
	RODUCTION /0//5//O UIC 10-15-(O
Mail to: Past Operator New Oper	District Poom 2078 Wights Kanage 57202

SCANNED

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.: 132/58/219/92		<u> </u>		
* Lease Name: B. MAYBERRY 1		* Location: S	* Location: SEC. 12-T33S-R38W		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-189-21622-00-01 15	00 Circle	1320 Circle FELFWL	GAS	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	
and the second s		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		·
···		FSL/FNL	FEL/FWL		· <u> </u>
		FSL/FNL	FEL/FWL	·	
		FSL/FNL	FEL/FWL	· -	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		14.1	FEL/FWL		
			FEL/FWL	4	
			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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License #32446	Well Location:			
Name: Merit Energy Company				
Address 1: 13727 Noel Rd. Suite 500	County: Stevens			
Address 2:	Lease Name:B. Mayberry Well #:1			
City: _Dallas State: _TX _ Zip: _75240 _ + Contact Person: _Lynne Moon	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (972) 628-1569 Fax: (972) 628-1869	RECEIVED			
Email Address:lynne.moon@meritenergy.com	AUG 1 8 2010			
Surface Owner Information:	KCC WICHITA			
Name: Richard D. & Vickie S. Hull	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface			
Address 1: 998 Road P	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: State: Zip:67951 _ +				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank is are preliminary non-binding estimates. The locations may be entered on Select one of the following:	patteries, pipelines, and electrical lines. The locations snown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
I certify that, pursuant to the Kansas Surface Owner Notice Accowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	eated: 1) a copy of the Form C-1, Form CB-1, Form 1-1, or Form sing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for	er(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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to the	he best of my knowledge and belief.			
Date: 07/01/2010 Signature of Operator or Agent:	Title: Regulatory Manager			