JUL 1 2 2010 KCC WICHITA

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

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

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.: 208376	
Gas Gathering System:	Lease Name: CLAYPOOL D1-21	
Saltwater Disposal Well - Permit No.:		
Spot Location: 660 feet from N/ S Line	CNWNW Sec. 21 Twp. 22 R. 35 EVW	
660 feet from E / W Line	Legal Description of Lease: NW/4 H 31-27-35W	
Enhanced Recovery Project Permit No.:		
Entire Project: Yes No	County: KEARNY	
Number of Injection Wells**	Production Zone(s): COUNCIL GROVE GROUP	
Field Name: PANOMA GAS AREA	Injection Zone(s):	
Shits We Uhrange Gompleted as the angles	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	
	KECEIVED	
Past Operator's License No. 32446 /	Contact Person: Lynne Moon AUG 1 1 2010	
Past Operator's Name & Address: Merit Energy Company	Phone: 972-628-1569 AUG 1 7 2010	
13727 Noel Road, Suite 500 Dallas, Texas 75240 RECEIVED	Date: 07/01/2010 KCC WICHITA	
Title: Regulatory Manager AUG 1 8 2010	Signature Noor	
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: WWW Signature	
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been	
	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:	
10-14-10	14/15/10 10-15-10	
DISTRICT EPR / D/77/0 Mail to: Past Operator New Operator New Operator	PRODUCTION / 0/13/10 UIC 10 13-70 UIC District	
man to dot opoidto.		

Must Be Filed For All Wells

KDOR Lease No.: 208376 * Lease Name: CLAYPOOL D1-21 SEC.21-T22S-R35W * Location: Well No. API No. Footage from Section Line Type of Well Well Status (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) Circle Circle D1-21 15-093-20482/ PRODper Cf111 660 660 **GAS** FSL/FNL **FEL/**I ŧwι 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 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

_ FEL/FWL

FSL/FNL

^{*} 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 (CB-1)	Cathodic 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: Kearny	
Address 2:	Lease Name: <u>Claypool</u>	_ Well #: <u>D 1-21</u>
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: RECEIVED	
Contact Person: Lynne Moon		
Phone: (972) 628-1569 Fax: (972) 628-1869 Email Address: lynne.moon@meritenergy.com	AUG 1 8 2010	
	KCC WICHITA	AUG 1 1 20
Surface Owner Information:	VOC MICHII/	KCC WICHI
Name: Cross Bell Farms	When filing a Form T-1 involving multiple surface owners, attach an additions 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.	
Address 1: 2411 Rd. Y		
Address 2:		
City: Deerfield State: KS Zip: 67838 +		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:	t batteries, pipelines, and electrical lines. The loc	ations shown on the plat
I certify that, pursuant to the Kansas Surface Owner Notice A owner(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 form; and 3) my operator name, address, phone number, fax, and	ocated: 1) a copy of the Form C-1, Form CB-1, being filed is a Form C-1 or Form CB-1, the plat(Form T-1, or Form
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	ner(s). To mitigate the additional cost of the KC	C 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-	fee with this form. If the fee is not received with 1 will be returned.	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:	Title: Regulato	ry Manager