RECEIVED JUL 1 2 2010

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 KCC WICHITA 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 1	KS Dept of Revenue Lease No.: 221659 Lease Name: MURPHY D-2			
Gas Gathering System:	Lease Name: MURPHY D-2			
Saltwater Disposal Well - Permit No.:				
Spot Location: 990 feet from N / S Line				
1980 feet from E / W Line	Legal Description of Lease: NW/4 7 34-29-34W			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: HASKELL			
Number of Injection Wells**	Production Zone(s): LANSING			
Field Name: EUBANK	Injection Zone(s):			
** Side Two Must Be Completed.	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			
Past Operator's License No. 32446	Contact Person: Lynne Moon			
Past Operator's Name & Address: Merit Energy Company	Phone: 972-628-1569 RECEIVED			
13727 Noel Road, Suite 500 Dallas, Texas 75240	Date: 07/01/2010			
Title: Regulatory Manager AUG 1 8 2010	AUG 1 1 2010			
Title: Regulatory Manager AU5 i 8 ZUIU	Signature: KCC WICHIT			
KCC WICHITA	Contact Person: Randall K. Click			
New Operator's License No. 34408 V	Phone: 214-291-9987			
New Operator's Name & Address: Cisco Operating, LLC				
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	authorization, surface pit permit # has been			
	oration Commission. This acknowledgment of transfer pertains to Kansas			
Corporation Commission records only and does not convey any ownership				
Corporation Commission records only and does not convey any ownership	T			
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	10/14/10 10-14/10			
DISTRICT	PRODUCTION 10/14/10 UIC 10-14-10			
Mail to: Past Operator New Operator	District			

SCANNED

Must Be Filed For All Wells

KDOR Lease	• No.:				
* Lease Name: MURPHY D-2		* Location: Sec. 34-T29S-R34W			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
D-2	15-081-21047	990 Circle	1980 Circle	GAS	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
	_				
		FSL/FNL	FEL/FWL	- Marie Marie	
		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 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 (Trans	sfer) CP-1 (Plugging Application)	
OPERATOR: License #32446	Well Location:		
Name: Merit Energy Company	<u>S2-NE-NW</u> Sec. <u>34</u> Twp		
Address 1: 13727 Noel Rd. Suite 500	County: Haskell		
Address 2:	Lease Name: Murphy	Well #:	
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Lynne Moon	RECEIVED		
Phone: (972) 628-1569 Fax: (972) 628-1869		RECEIVED	
Email Address: lynne.moon@meritenergy.com	AUG 1 8 2010	AUG 1 22010	
Surface Owner Information:	KCC WICHITA	KCC WICHITA	
Name: Murphy Family Partnership	When filing a Form T-1 involving multiple surface owners, attach an additiona		
Address 1: 5705 Williamsburg Landing	sheet listing all of the information to the owner information can be found in the re	ecords of the register of deeds for the	
Address 2:	county, and in the real estate property ta	x records of the county treasurer.	
City: Williamsburg State: VA Zip: 23185 +			
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, taken are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines.	I he 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.	located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address. acknowledge that, because I have not proportion. To mitigate the additional cost of	the plat(s) required by this by ided this information, the of the KCC performing this	
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CI	g fee with this form. If the fee is not recei P-1 will be returned.		
I hereby certify that the statements made herein are true and correct		mulatawa Managay	
Date: 07/01/2010 Signature of Operator or Agent	Intle: Re	qulatory Manager	