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

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

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 : 222074
Gas Gathering System:	Lease Name: SCHMITT A-4
Saltwater Disposal Well - Permit No.:	
Spot Location: 1980 feet from N/ S Line	
1980 feet from [VE / [] W Line	Legal Description of Lease: SE/4 of 27-33-34W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: SEWARD
Number of Injection Wells**	Production Zone(s): BASAL CHESTER
Field Name: SHUCK	
ું કોઇન ભારત કોઇન ઉછા (જેઇન) કોઇન	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet fromE / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
	Contact Person Lynne Moon
Past Operator's License No. 32446 /	Contact Person:
Past Operator's Name & Address: Merit Energy Company	Phone: 972-628-1569 SEP 0 2 2010
13727 Noel Road, Suite 500 Dallas, Texas 75240	Date: 07/01/2010 KCC WICHITA
Fitle: Regulatory Manager	Signature: Signature: NOC VICHITA
New Operator's License No. 34408	Contact Person: Randall K. Click
New Operator's Name & Address: Cisco Operating, LLC	Phone: 214-291-9877
6900 N. Dallas Parkway Suite 740 Plano, Texas 75024	Oil / Gas Purchaser:
Paraidant	Date: 07/01/4010
itle: President	Signature:
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	ation Commission. This acknowledgment of transfer pertains to Kansas
Corporation Commission records only and does not convey any ownership	
is acknowleded as the	io columnulared as the
ew operator and may continue to inject fluids as authorized by	is acknowledged as the
·	new operator of the above named lease containing the surface pit
ermit No.: Recommended action:	permitted by No.:
late:	Deter
ate:	Date:
DISTRICT EPR 10-13-10 P	PRODUCTION 10/13/10 UIC 10-13-10
Mail to: Past Operator New Operator	District —

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

SCANNED

Must Be Filed For All Wells

KDOR Lease	No.: 222074	A GARAGE			
	SCHMITT A-4		3 1€ Secation: S	EC. 27-T33S-R34W	
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)
A-4	15-175-21665√	1980 FSL FNL	1980 Cirole FELIFWL	GAS	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
. 65 25-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		FSL/FNL	FEL/FWL		·
		FSĹ/FNL	FEL/FWL		
;	1/244407 TM 18	FSUFNL	FEÜFWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		·
		FSL/FNL	FEL/FWL	·	
	- Landing	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	A	FSL/FNL	FEL/FWL		
			FEL/FWL		·
		#SL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	·	· ·
		FSL/FNL	FEL/FWL		
	Marin Control	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 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License #_ 32446	Well Location:		
Name: Merit Energy Company	CNW_SE_Sec. 27 Twp. 33 S. R. 34 East \alpha West		
Address 1: 13727 Noel Rd. Suite 500	County: SEWARD		
Address 2:	Lease Name: SCHMITT A-4 Well #: A-4		
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	the lease below:		
Phone: (972) 628-1569 Fax: (972) 628-1869	RECEIVED		
Email Address: 1ynne.moon@meritenergy.com			
	SEP 0 2 201		
Surface Owner Information: Name: DENNIS & PATRICIA SCHMITT	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: RR1 BOX 174	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 tax records of the county treasurer.		
City: LIBERAL State: KS Zip: 67901 +			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered of Select one of the following: 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 I 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 I have not provided this information to the surface owner(s). I a	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the vner(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-	fee 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			
Date: 07/01/2010 Signature of Operator or Agent	Title: Regulatory Manager		