KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells _ KS Dept of Revenue Lease No.: 134967/222868 Gas Lease: No. of Gas Wells __1 Gas Gathering System: Lease Name: JENKINS C-3 Saltwater Disposal Well - Permit No.: ____ Spot Location: 330 __feet from 🔲 N / 🗸 S Line feet from ✓ E / W Line Legal Description of Lease: ____ Enhanced Recovery Project Permit No.: ___ Entire Project: Yes No County: STEVENS Number of Injection Wells Production Zone(s): UPPER MORROW Field Name: KINSLER EAST Injection Zone(s):_ ** Side Two Must Be Completed. 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 Drilling De Haul-Off Workover Past Operator's License No. _34408 / Randall K. Click Contact Person: _ Past Operator's Name & Address: Cisco Operating, LLC 6900 N. Dallas Parkway, Ste 740, Plano, TX 75024 Title: President Contact Person: Edward L. Markwell III New Operator's License No. -New Operator's Name & Address: ELM III Operating Company, LLC Phone: 405-232-0418 PO Box 2446, Oklahoma City, OK 73101 Oil / Gas Purchaser: Title: President Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ noted, approved and duly recorded in the records of the Kansas Corporation 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 acknowledged as the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____ . Recommended action: _ permitted by No.: _____ Date: Authorized Signature Authorized Signature DISTRICT _ uic 10-6-11 Mail to: Past Operator _ New Operator District _

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134967/222868

Must Be Filed For All Wells

KDOR Lease No.: 128213/214827

* Lease Name: JENKINS		* Location: NW/4 22-T32S-R39W			
Well No.	API No. (YR DRLD/PRE '67) 15189223890000	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
C-3		330 FSL/FNL	660 EUFWL	GAS TA	TA
		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		
	-				
					RECEIVED
			FEL/FWL		JUN 2 9 2011
					KCC WICHITA
		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

KCC WICHITA

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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 34408 Name: Cisco Operating, LLC Address 1: 6900 N. Dallas Pkwy, Ste 740 Address 2: City: Plano State: TX Zip: 75024 + Contact Person: Randall K. Click Phone: (214) 291-9987 Fax: (214) 291-9985 Email Address: rclick@ciscoenergyllc.com	Well Location: N2_NW_NW_Sec. 22_Twp. 32_S. R. 39East ₩ West County: STEVENS Lease Name: JENKINS Well #: C-3 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: SIMMONS TRUST Address 1: 214 N SAGE Address 2: City: PEARCE State: AZ Zip: 85625 +	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 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.
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 on Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be location. CP-1 that Lam filing in connection with this form: 2) if the form by	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032). I have provided the following to the surface sated: 1) a copy of the Form C-1. Form CB-1. Form T-1, or Form
form; and 3) my operator name, address, phone number, fax, and 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	knowledge that, because I have not provided this information, the 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 Date: 04/21/2011 Signature of Operator or Agent:	ne best of my knowledge and belief. RECEIVED Title: President JUN 2 9 2011