041911 Warren_A_2H.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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:	inted with this form,		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
✓ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 221716 ✓		
Gas Gathering System:	Lease Name: WARREN A-2H		
Saltwater Disposal Well - Permit No.:			
Spot Location: 1390 feet from ✓ N / S Line	SE _ SE _ NW _ SE _ Sec 2 _ Twp 22 _ R 34 E / W		
feet from E / 🕢 W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	SE/4		
Entire Project: Yes No	County: FINNEY		
Number of Injection Wells**	Production Zone(s):CHASE		
Field Name: HUGOTON GAS AREA			
** 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)			
Type of Pit: Emergency Burn Settling	Haul-Off		
Type of the Carriedone's Carrie			
Past Operator's License No. 34408/	Contact Person: Randall K. Click		
Past Operator's Name & Address: Cisco Operating, LLC	Phone: 214-291-9987		
6900 N. Dallas Parkway, Ste 740, Plano, TX 75024	Date: 04/21/2011		
Title: President	Signature: Sully 1		
Title: 1 resident	Signature: Jumu Juma		
New Operator's License No	Contact Person: Edward L. Markwell III RECEIVED		
New Operator's Name & Address: ELM III Operating Company, LLC	DL 405-232-0418		
PO Box 2446, Oklahoma City, OK 73101	JUN 2 9 2011		
	Oil / Gas Purchaser:		
	Date: KCC WICHITA		
Title: President	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is acknowledged as	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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Mail to: Past Operator New Operat			
·			

Must Be Filed For Ail Wells

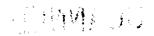
Joseph C.

KDOR Lease No.: 221716

* Lease Name:	WARREN	* Location: SE/4 2-T22S-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)
<u>A-2-H</u>	15055215370000 /	1390 FSL/FQL 139	O FEL/ITWI	GAS	<u>TA</u>
	120	FSL/FNL	FEL/FWL		
***		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL _		JUN 2 9 2011
		FSL/FNL	FEL/FWL _	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
		ÉSI ÆNI	EEL/EVAIL		KCC WICHITA

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 (Cal	thodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)				
OPERATOR: License # 34408 Name: Cisco Operating, LLC Address 1: 6900 N. Dallas Pkwy, Ste 740	Well Location: SE_SE_NW_SE_Sec. 2 Twp. 22 S. R. 34 East X West				
Address 1: 0900 N. Dallas PRWy, Ste 740	County: FINNEY Lease Name: WARREN Well #: A-2H				
	Lease Name: WARREN Well #: A-2H				
Contact Person: Randall K. Click Phone: (214) 291-9987 Fax: (214) 291-9985 Email Address: rclick@ciscoenergyllc.com	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Phone: (214) 291-9987 Fax: (214) 291-9985					
Email Address: rclick@ciscoenergyllc.com					
Surface Owner Information: Name: GARY AND ROGER POWERS Address 1: 1117 HARDING AVE Address 2:	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 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Select one of the following:					
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing 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 acknowledge that I am being charged a \$30.00 handling feet	er(s). To mitigate the additional cost of the KCC performing this				
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w	e 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:	e best of my knowledge and belief. RECEIVED Title: President JUN 2 9 2011				

KCC WICHITA