

### 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,

Check Applicable Boxes: MUST be subm	nitted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 03/01/2041 4-19-11			
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 222332			
Gas Gathering System:	Lease Name: FINCHAM D-2			
Saltwater Disposal Well - Permit No.:				
Spot Location: 3300 feet from N / S Line	CSESESec29 _Twp33 _R34 E			
660 feet from E W Line	Legal Description of Lease: C-9E-9E			
Enhanced Recovery Project Permit No.:	SEWARD			
Entire Project: Yes No	County: SEWARD			
Number of Injection Wells**	Production Zone(s): CHESTERAN ZONE A BED			
Field Name: SHUCK	•			
	Injection Zone(s):			
Surface Pit Permit No.:	feet from N/ S Line of Section			
(API No. If Drill Pit, WO or Haul)	feet from F / W Line of Section			
Type of Pit: Emergency Burn Settling	☐ Haul-Off ☐ Workover ☐ Drilling OF			
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 RECEIVED			
Title: President				
New Operator's License No. 34545 /	Signature: OCT 2 8 2011  Contact Person: Edward L. Markwell III KCC WICHITA			
New Operator's Name & Address: ELM III Operating Company, LLC	Phone: 405-232-0418 RFCFIVED			
PO Box 2446, Oklahoma City, OK 73101				
	JUN Z 3 ZUII			
Provident	Date: SIAM CANCLITA			
Title: President	Signature: The Lock CONTIN			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the	e above injection well(s) or pit permit.			
is acknowledged as	is acknowledged as			
the new operator and may continue to inject fluids as authorized by				
Permit No.: Recommended action:	permitted by No.: DEC 0.5 201			
Date:	Date: KCC WICHIT			
Authorized Signature	Authorized Signature			
DISTRICT EPR _5-25-/2_	PRODUCTION 6.1.12 UIC 5-31-12			
Mail to: Past Operator New Opers	etor District			

#### Side Two

### Must Be Filed For All Wells



* Lease Name	FINCHAN		* Location:	SE/4 29-T33S-R34W, S	ILVERMAN FIELD
Well No.	o. API No. Footage from Section Line (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
D-2	رور 15175203890000	637 Circle 3300 (SI) FNL	518 Circle 660 FEDFWL	GAS	TA
		FSL/FNL	FEL/FWL		_
····		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		OCT 2 8 2011
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
A senarate sh	eet may be attached if necessary				KCC WICHITA

<sup>\*</sup> 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

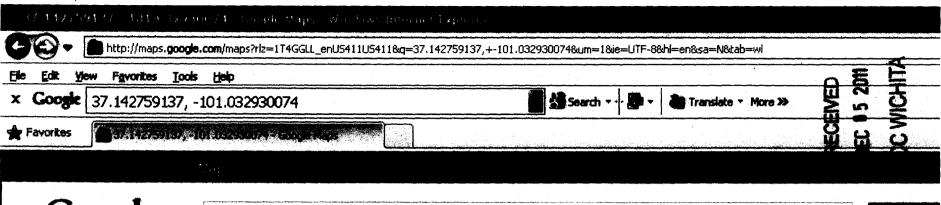
Pppm/cFONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

## 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)	
34408			
OPERATOR: License # 34408 Name: Cisco Operating, LLC	_ Well Location:	34	
Name: Osco Operating, EEO	C SE SE Sec. 29 Twp. 33	S. R. East X West	
Address 1: 6900 N. Dallas Pkwy, Ste 740	County: SEWARD Lease Name: FINCHAM	D_2	
Address 2:	Lease Name: THOTAW	Well #:	
City: Plano State: TX Zip: 75024 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Randali K. Click  Phone: ( 214 ) 291-9987 Fax: ( 214 ) 291-9985  Email Address: rclick@ciscoenergyllc.com	uie lease delow. -		
Phone: ( 214 ) 291-9987 Fax: ( 214 ) 291-9985	-		
Email Address: rclick@ciscoenergyllc.com	-		
Surface Owner Information: Name: PATRICIA ANN AECHBACHER	When filing a Form T-1 involving multiple su	rface numers attach an additional	
Address 1. 4520 TUSCANY DR	sheet listing all of the information to the left	for each surface owner. Surface	
Name: PATRICIA ANN AECHBACHER  Address 1: 4520 TUSCANY DR  Address 2:	<ul> <li>owner information can be found in the record county, and in the real estate property tax re</li> </ul>	rds of the register of deeds for the ecords of the county <b>between 1</b>	
City: PLANO State: TX Zip: 75093 +			
City: Zip: 7000 +	<del>-</del>	OCT 2 8 201	
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:  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	e Act (House Bill 2032), I have provided the	eparate plat may be submitted.  following to the surface B-1, Form T-1, or Form	
form; and 3) my operator name, address, phone number, fax	and email address.	high (2) tedrilled by MCCIVE	
, , , , , , , , , , , , , , , , , ,		DEC 0 5 20	
I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli	I acknowledge that, because I have not provid owner(s). To mitigate the additional cost of the ing fee, payable to the KCC, which is enclosed	led this information, the	
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 C			
	^ -	RECEIVED	
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.		
A L	LUMBA LILAN	JUN 2 9 2011	
Date: 04/21/2011 Signature of Operator or Agent:	Title: Presid	KCC WICHITA	
	$\sim$	KCC MICHIN,	



Google

37.142759137, -101.032930074

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NWSESESE 637 FSL 518 FEL

