JUL 17 2013

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form rust be Typed
Form must be Signed
All banks must be Filled

RECEIVED

TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

REQUEST FOR CHANGE OF OPERATOR

MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells _ 1 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: __ Gas Gathering System: Lease Name: SANTA FE TRAIL B-2-1 (SNYDER C-1) Saltwater Disposal Well - Permit No.: ___ 12 NE _ SW Sec. 18 Two. 33 R. 40 □ E ✓ W 1978 feet from N/ S Line Legal Description of Lease: _ 3208 feet from E / W Line 5W/4 OF 18-33-40W Enhanced Recovery Project Permit No.: _ County: MORTON Entire Project: Yes No Number of Injection Wells Production Zone(s): MORROW UPPER Field Name: CiMACron VAILGY Southwest Injection Zone(s):_ ** Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: , (API No. if Drill Pit, WO or Haul) E / W Line of Section Settling Haul-Off Workover Drilling Type of Pit: **Emergency** Burn 34408 Randall K. Click Past Operator's License No. Contact Person: _ Cisco Operating, LLC Past Operator's Name & Address: 6900 N. Dallas Parkway, Ste 740, Plano, TX 75024 Title: President DA1 Kounts Contact Person: . New Operator's License No. New Operator's Name & Address: Wynn-Crosby Operating, Ltd. Phone: 972-354-1367 14241 Dallas Parkway, Ste 800, Dallas, TX 75254 Oil / Gas Purchaser: 6-20-13 V. P. LAND Signature: Title. __ 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by Permit No.: __ . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature, DISTRICT -District Mail to: Past Operator **New Operator**

Must Be Filed For All Wells

KDOR Lease No.: 109218				- -		
Lease Name	SANTA FE TRAIL B 2-1		* Location: _	Sec. 18-T33S-R40W	7.7%	
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)	
2-1	15-129-10215 -00-02	2007 1978 FSU NL	3199 GPS 3208 FETUFWI	Dist. 1 OIL	PROD	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWI	·		
		FSL/FNL	FEL/FWI			
		FSL/FNL	FEL/FWI			
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		FSL/FNL	FEL/FWI			
		FSL/FNL	FEL/FWI	L	KCC WICHITA	
		FSL/FNL	FEL/FWI		JUL 1 7 2013	
					-	
		FSL/FNL	FEL/FWI		RECEIVED	

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.

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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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 Plunging 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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34408	Well Location:		
Name: Cisco Operating, LLC	CNE_SW_Sec. 18 Twp. 33 S. R. 40 ☐ East ₩ West		
Address 1: 6900 N. Dallas Pkwy, Ste 740	County: MORTON Lease Name: SANTA FE TRAIL Well #: B-2-1		
Address 2:	Lease Name: SANTA FE TRAIL Well #: B-2-1		
Contact Person: Randall K. Click	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (214) 291-9987 Fam: (214) 291-9985			
Contact Person: Randall K. Click Phone: (214) 291-9987 Fax: (214) 291-9985 Email Address: rclick@ciscoenergylic.com			
Surface Owner Information: Name: ELKHART FOREST SERVICE Address 1: P.O. BOX 300 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 the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat		
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 loc CP-1 that I am filing in connection with this form; 2) if the form be 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 ack KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 handling fe	er(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	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: 0-70-13 Signature of Operator or Agent:	ne best of my knowledge and belief. Title: President		