KCC WICHITA

062013_USA.pdf

JUL 17 2013

RECEIVED

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: Oil Lease: No. of Oil Wells 6.20.13 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: ___ Gas Gathering System: Lease Name: USA EAGLEY D-2 Saltwater Disposal Well - Permit No.: ___ ____C __ NE __ NE _ Sec. _2 _ Twp. ___33 _ R. _41 __ F V W Spot Location: 660 _____feet from 🗸 N / S Line __ feet from 🗸 E / 🗌 W Line Legal Description of Lease: _____ NE14 05 02-33-412 Enhanced Recovery Project Permit No.: _ County: MORTON Entire Project: Yes No Number of Injection Wells Production Zone(s): __KANSAS CITY-WYANDOTTE Field Name: RICHFIELD 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) E / W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover (Randall K. Click Past Operator's License No. Contact Person: Past Operator's Name & Address: Cisco Operating, LLC 6900 N. Dallas Parkway, Ste 740, Plano, TX 75024 President 34929 DAM Kount New Operator's License No. -Contact Person: New Operator's Name & Address: Wynn-Crosby Operating, Ltd. Phone: 972-354-1367 14241 Dallas Parkway, Ste 800, Dallas, TX 75254 Oil / Gas Purchaser: V.P. LAND Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ has been 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 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.: _____ Authorized Signature Authorized Signature DISTRICT -PRODUCTION . Mail to: Past Operator _ New Operator District

Must Be Filed For All Wells

KDOR Lease No.: 221399 **USA Eagley D-2** Sec. 02-T33S-R41W * Lease Name: * Location: API No. (YR DRLD/PRE '67) Footage from Section Line (i.e. FSL = Feet from South Line) Well No. Well Status (PROD/TA'D/Abandoned) Type of Well (Oil/Gas/INJ/WSW) Circle Circle D-2 15-129-21450*-00-03* 660 660 Gas **Prod** FSL/FNL (FED)FWL FSL/FNL FEL/FWL **FSL/FNL** FEL/FWL FSL/FNL **FEL/FWL** FSL/FNL FEL/FWL FSL/FNL FEL/FWL KCC WICHITA FSL/FNL FEL/FWL

A separate sheet may be attached if necessary

FEL/FWL

FEL/FWL

FSL/FNL

.FSL/FNL

JUL 17 2013

RECEIVED

^{*} 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.

JUL 17 2013 RECEIVED

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 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 34408	Well Location:
Name: Cisco Operating, LLC	CNE_NE_Sec. 2 Twp. 33 S. R. 41 East X West
Address 1: 6900 N. Dallas Pkwy, Ste 740	County: MORTON
Address 2:	Lease Name: USA EAGLEY Well #: D-2
City: Plano State: TX Zip: 75024 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Randall K. Click	the lease below:
Phone: (214) 291-9987 Fax: (214) 291-9985	
Phone: (214) 291-9987 Fax: (214) 291-9985 Email Address: rclick@ciscoenergyllc.com	
Surface Owner Information: Name: ELKHART FOREST SERVICE Address 1: PO 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 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 (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.	
☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.	
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	
I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. Date: 4-20-13 Signature of Operator or Agent: Title: President	