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,
MIST be submitted with this form.

Check Applicable Boxes:	tted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: October 1, 2012			
Gas Lease: No. of Gas Wells*	KS Dept of Revenue Lease No.:			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: T 30 South, R 14 East, Sec 25: SW/4			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Wilson			
Number of Injection Wells **	Bushatian Zana(a). MULTI-ZONE			
	Injection Zone(s):			
Field Name:** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)				
Type of Pit: Emergency Burn Settling	Haul-Off Workover ⊅ ← Drilling			
Past Operator's License No. 33365/	Victor H. Dval			
Past Operator's Name & Address:Layne Energy Operating, LLC	Contact Person:			
1900 Shawnee Mission Parkway, Mission Woods, KS 66205	Date: December 1, 2012			
Title: President	Signature:			
New Operator's License No	Contact Person: John G. Burke			
LR Energy, Inc.	Phone: 214-691-5800			
New Operator's Name & Address: LR Energy, Inc. 8150 N. Central Expressway, Suite 1605	Oil / Gas Purchaser: Enserco Energy DEC 2 8 2012			
	Date: December 1, 2012			
Dallas, TX 75206	Date: Destination of the Company of			
Title: Chief Operating Officer	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
Continues on records only and decement control any entering				
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:				
	. [
Date:	Date:			
Authorized Signature	PRODUCTION 2 · 14 · 13 UIC 2-14-13			
DISTRICT EPR2-/3-/3	PRODUCTION X: 17.10 UIC A 1 1 13			
Mail to: Past Operator New Oper	QIVI			

Side Two

Must Be Filed For All Wells

	No.: 227537		 	5-30-14E		
Lease Name: _	BAKER		* Location: * Location:			
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)	
11-25	15-205-26644	1980 Circle	1980 Circle	СМ	PROD	
		FSL/FNL	FEL/FWL			
			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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL		DEC 2 8 201	
		FSL/FNL	FEL/FWL		KCC WICHI	
		ESI /FNI	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

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 # 33365	Well Location:		
Name: Layne Energy Operating, LLC			
OPERATOR: License #	County: Wilson		
	Lease Name: BAKER Well #: 11-25		
City: Mission Woods State: KS Zip; 66205	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Victor H. Dyal	the lease below:		
City: Mission Woods State: KS Zip: 66205 + Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133			
Email Address:			
Surface Owner Information: Name: DOLORES A BAKER	When filling a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 7560 200 RD	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: FREDONIA State: KS Zip: 66736 +			
are preliminary non-binding estimates. The locations may be entered or Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loced CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being 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 ac KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the rer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
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-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: 12/1/12 Signature of Operator or Agent:	Umre Title: President		
Ognació di Opolació di rigoni	RECEIVED		
	DEC 2 8 2012		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 KCC WICHITA