March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form T-1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Effective Date of Transfer: October 1, 2012 Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 225586 Gas Gathering System: Lease Name: GASSER Saltwater Disposal Well - Permit No.: ___ ______ feet from N / S Line Legal Description of Lease: T 31 S, R 17 E Sec 9: NW/4; E/2 of the SW/4; _____ feet from E / W Line NW/4 of the SE/4; W/2 of the NE/4; NE/4 of the NE/4; SE/4 of the NE/4 Enhanced Recovery Project Permit No.: _ RECEIVED County: Montgomery Entire Project: Yes No Number of Injection Wells ___ Production Zone(s): Field Name: _ 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: Settling Emergency Burn Haul-Off D L Workover 33365/ Contact Person: __Victor H. Dyal Past Operator's License No. Past Operator's Name & Address: Layne Energy Operating, LLC Phone: 913-362-0510 December 1, 2012 1900 Shawnee Mission Parkway, Mission Woods, KS 66205 Title: President Signature: Contact Person: John G. Burke 34779 / New Operator's License No. Phone: 214-691-5800 New Operator's Name & Address: LR Energy, Inc. 8150 N. Central Expressway, Suite 1605 Oil / Gas Purchaser: Enserco Energy Date:_December 1, 2012 Dallas, TX 75206 **Chief Operating Officer** 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 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.: ___ Date: Authorized Signature Authorized Signature PRODUCTION __ DISTRICT ___ Mail to: Past Operator _ **New Operator** District _

Side Two

Must Re Filed For All Wells

* Lease Name:	GASSER	* Location: 9-31-17E			
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)
9		4214 S/FNL	4695 Circle	Gas	Inactive
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		JAN 2 8 201

A separate sheet may be attached if necessary

__FSL/FNL _____FEL/FWL _

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^{*} 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	(Cathodic Protection Borehole Intent) X T-1 (Tra	nsfer) CP-1 (Plugging Application)	
OPERATOR: License # 33365			
Lavne Energy Operating, LLC	Well Location: SE_SW_NW_NW_Sec. 9 Twp. 31 S. R. 17 X East West		
Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway			
Address 1: 1000 chamber mission and analysis	County: Montgomery Lease Name: GASSER	0	
City: Wission Woods State: TO Zip: 00200 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
City: Mission Woods State: KS Zip: 66205 + Contact Person: Victor H. Dyal Phone: (913) 362-0510	and loads balom.		
Email Address:			
Surface Owner Information: Name: JERRY D FRIESS LIVING TRUST Address 1: 2947 WICHITA ROAD Address 2:	When filing a Form T-1 involving multipl	e surface owners, attach an additional	
Address 1: 2947 WICHITA ROAD	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.		
Address 2:			
City: NEODESHA State: KS Zip: 66757 +	,		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathothe KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or	k batteries, pipelines, and electrical lines	. The locations shown on the plat	
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1,	m CB-1, Form T-1, or Form	
☐ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ov task, I acknowledge that I am being charged a \$30.00 handling	vner(s). To mitigate the additional cost	of the KCC performing this	
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 rece 1 will be returned.	vived with this form, the KSONA-1	
I hereby certify that the statements made herein are true and correct to	_		
Date: 12/1/12 Signature of Operator or Agent:	Vinner Title: Pro	esident	
E.g O. Opposition of Agents	1110.	RECEIVED	

KCC WICHITA

JAN 28 2013