100112 Mcmillin.pd

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 Effective Date of Transfer: October 1, 2012 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 228977 Gas Gathering System: Lease Name: McMILLIN Saltwater Disposal Well - Permit No.: ___ _- ___ <u>SW _ NE Sec. 10 Twp. 33 R. 16</u> VE W _ feet from N / S Line Legal Description of Lease: T33S-R16E Sec. 10: NE/4 feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Montgomery Entire Project: Yes No Number of Injection Wells _ Production Zone(s): MULTI-ZONE 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) feet from E / W Line of Section Haul-Off Workover Type of Pit: Emergency Burn Settling 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: 34779 Contact Person: John G. Burke 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 Dallas, TX 75206 Title: 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: Permit No.: _ permitted by No.: __ Date: Authorized Signature Authorized Signature PRODUCTION _ DISTRICT -Mail to: Past Operator _ New Operator District _

Side Two

Must Be Filed For All Wells

| KDOR Lease | _{3 No.:} 228977 | | | | |
|--------------|------------------------------|---|-----------------------------------|-----------------------------------|--|
| * Lease Name | . McMILLIN | * Location: | * Location: 10-33-16E | | |
| 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/Abandon | |
| 7-10 | 15-125-31330/ | | СМ | PROD | |

| 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) |
|----------|------------------------------|--|-------------|-----------------------------------|--------------------------------------|
| 7-10 | 15-125-31330/ | 1882 Circle | 2249 Circle | СМ | PROD |
| | · | FSL/FNL | FEL/FWL | | |
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| | | FSL/FNL | | | DEC 2 8 2012 |
| | | FSL/FNL | | | KCC WICHITA |
| | | I GL/INL | LLL/ VVL | | |

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 | (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | | | |
|---|--|--|--|--|
| OPERATOR: License # 33365 | Well Location: | | | |
| Name: Layne Energy Operating, LLC | SW_NE_Sec. 10 Twp. 33 S. R. 16 X East West | | | |
| Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway | | | | |
| Address 2: | County: Montgomery Lease Name: McMILLIN Well #: 7-10 | | | |
| City: Mission Woods State: KS Zin: 66205 | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | | | |
| Contact Person: Victor H. Dyal | | | | |
| 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: DAVID B AND ANNETTE MCMILLIN Address 1: 871 PETER PAN RD Address 2: City: INDEPENDENCE State: KS Zip: 67301 + | When filing a Form T-1 involving multiple surface owners, attach an additional | | | |
| Address 1: 871 PETER PAN 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: INDEPENDENCE State: KS Zip: 67301 + | | | | |
| | nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | | |
| owner(s) of the land upon which the subject well is or will be | Act (House Bill 2032), I have provided the following to the surface located: 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 and email address. | | | |
| | acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g 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 | g fee with this form. If the fee is not received with this form, the KSONA-1 P-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: | Winner Title: President | | | |
| | RECEIVED | | | |
| | DEC 2 0 co. | | | |

DEC 2 8 2012

KCC WICHITA