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## 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:	itiea 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.: 227951
Gas Gathering System:	Lease Name: OLIVER
Saltwater Disposal Well - Permit No.:	SW - NE - SW - NE Sec. 27 Twp. 31 R. 14 ▼ E W
Spot Location: feet from N / S Line	• • • • • • • • • • • • • • • • • • • •
feet from E / W Line	Legal Description of Lease: T 31 South, R 14 East, Sec 27: E/2
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Montgomery
Number of Injection Wells **	Production Zone(s):MULTI-ZONE
Field Name:	Injection Zone(s):
** Side Two Must Be Completed.	mjection zone(s).
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
Type of Pit: Emergency Burn Settling	Haul-Off Workover DR Drilling
Past Operator's License No. 33365 /	Contact Person: Victor H. Dyal
Past Operator's Name & Address: Layne Energy Operating, LLC	Phone: 913-362-0510
1900 Shawnee Mission Parkway, Mission Woods, KS 66205	Date:
	Phil William of
Title: President	Signature:
New Operator's License No.	Contact Person: John G. Burke
New Operator's Name & Address: LR Energy, Inc.	Phone: 214-691-5800
8150 N. Central Expressway, Suite 1605	Oil / Gas Purchaser: Enserco Energy DEC 2 8 2012
Dallas, TX 75206	Oil / Gas i dichasei.
	Date: December 1, 2012 KCC WICHITA
Title: Chief Operating Officer	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
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR _3/// // 3	PRODUCTION 3.13.13 uic 3-12-13
Mail to: Past Operator New Operator	tor District

### Side Two

### Must Be Filed For All Wells

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Lease Name:	OLIVER		* Location:2	27-31-14E	
Well No. API No. (YR DRLD/PRE '67)		Footage from S (i.e. FSL = Feet fro	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
7-27	15-125-31032	1981 Circle	1965 Circle	СМ	PROD
		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		KCC WICHIT
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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

# 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:	
OPERATOR: License # 33365  Name: Layne Energy Operating, LLC	SW_NE_SW_NE_Sec. 27 Twp. 31 S. R. 14 X East West	
Address 1: 1900 Shawnee Mission Parkway		
Addrong 3:	County: Montgomery  Lease Name: OLIVER Well #: 7-27	
City: Mission Woods State: KS Zip; 66205	If filing a Form T-1 for multiple wells on a lease, enter the legal descripti 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: BILLIE D OLIVER AND BONNIE E OLIVER  Address 1: 2165 CR 5600  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.	
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I 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 e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.	
I have not provided this information to the surface owner(s).  KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling.	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng 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 C	ng 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 the best of my knowledge and belief.	
$\supset \omega$	),,~	
Date: 12/1/12 Signature of Operator or Agent: 17 19	Title: 1 Tooldon	
	RECEIVE	

KCC WICHITA

DEC 2 8 2012