100112 Scovel_11.pdf

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 Compilance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	L
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.: 232997
Gas Gathering System:	Lease Name: SCOVEL
Saltwater Disposal Well - Permit No.:	NW _SE _ SE _ NE Sec11 Twp32 R13
Spot Location: feet from N / S Line	Legal Description of Lease: T 32 South, R 13 East Sec 11: E/2 NE/4
feet from E / W Line	except the SW Diagonal 1/2 W/2 SW/4 SE/4 NE/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: MONTGOMERY
Number of Injection Wells***	Production Zone(s): BURGESS
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
Type of Pit: Emergency Burn Settling	Haul-Off Workover OF 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	December 1, 2012
	Date: Phil Winner
Title: President	Signature:
	// O.B.//
New Operator's License No. 34779 /	Contact Person: John G. Burke RECEIVED
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 2017
Dallas, TX 75206	Date: December 1, 2012
Title: Chief Operating Officer	Signature: KCC WICHITA
Title:	algriature >
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:
3/20/13	PRODUCTION 3.20.13 UIC 3-21-13
	or District
man to rate operator	

Side Two

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Must Be Filed For All Wells

Lease Name: SCOVEL		* Location: 11-32-13E			
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)
8-11	15-125-32148	2290 Circle	350 Circle	Gas	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		
_****		FSL/FNL	FEL/FWL		
		F\$L/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		DEC 2 8 201
		FSL/FNL	FEL/FWL		140-

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.

OPERATOR: License # 33365 Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway Address 2:	Well Location:		
Name: Layne Energy Operating, LLC	NW SE SE NE Sec. 11 Twp. 32 S. R. 13 X East West		
Address 1: 1900 Snawnee Mission Parkway	County: MONTGOMERY Lease Name: SCOVEL Well #: 8-11		
Address 2:	Lease Name: Well #:		
City: Mission Woods State: NS Zip: 00203 +	. 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 Phone: (913) 362-0510 Fax: (913) 362-0133			
Phone: (913) 362-0510 Fax: (913) 362-0133	-		
Email Address:			
Surface Owner Information:			
Name: ROBERT K SCOVEL AND MARIE I SCOVEL	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		
Address 1: PO BOX 747			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: INDEPENDENCE State: KS Zip: 67301 +			
are preliminary non-binding estimates. The locations may be entered Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
	a sittle (DIII 2000) I I amerika dalah afallasidan ta tha asisfana		
owner(s) of the land upon which the subject well is or will be	a 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 m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.		
owner(s) of the land upon which the subject well is or will be 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. I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface.	e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA