

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.

Form T-1  
March 2010  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

Check Applicable Boxes:

- ☐ Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*  
☒ Gas Lease: No. of Gas Wells 1 \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☐ Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from ☐ N / ☐ S Line  
\_\_\_\_\_ feet from ☐ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: \_\_\_\_\_

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: October 1, 2012

KS Dept of Revenue Lease No.: 228765

Lease Name: WAGNER

SE - NW - SE - NE Sec. 16 Twp. 31 R. 17 ☒ E ☐ W

Legal Description of Lease: T 31, R 17 Section 16: (S/2 N/2)

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County: Montgomery

**DEC 28 2012**

Production Zone(s): MULTI-ZONE

Injection Zone(s): \_\_\_\_\_

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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 ✓

Past Operator's Name & Address: Layne Energy Operating, LLC

1900 Shawnee Mission Parkway, Mission Woods, KS 66205

Title: President

Contact Person: Victor H. Dyal

Phone: 913-362-0510

Date: December 1, 2012

Signature: Phil Winner

New Operator's License No. 34779 ✓

New Operator's Name & Address: LR Energy, Inc.

8150 N. Central Expressway, Suite 1605

Dallas, TX 75206

Title: Chief Operating Officer

Contact Person: John G. Burke

Phone: 214-691-5800

Oil / Gas Purchaser: Enserco Energy

Date: December 1, 2012

Signature: John G. Burke

**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  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_. Recommended action: \_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_.  
Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ EPR 2/28/13 PRODUCTION 3.04.13 UIC 3-4-13  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

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

100112\_wagner.pdf

\* Lease Name: **WAGNER**

\* Location: 16-31-17E

Well Status  
(PROD/TA'D/Abandoned)

PROD

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWI

FFI /FWI

FEL/FWI

FEL/FWI

FEL/FWL

FFI / FWI

FEL/FWI

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

FEL/FWL

ELFWL

EL/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.

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**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
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*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) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 33365  
Name: Layne Energy Operating, LLC  
Address 1: 1900 Shawnee Mission Parkway  
Address 2: \_\_\_\_\_  
City: Mission Woods State: KS Zip: 66205 + \_\_\_\_\_  
Contact Person: Victor H. Dyal  
Phone: ( 913 ) 362-0510 Fax: ( 913 ) 362-0133  
Email Address: \_\_\_\_\_

Well Location:  
SE NW SE NE Sec. 16 Twp. 31 S. R. 17 ☒ East ☐ West  
County: Montgomery  
Lease Name: WAGNER Well #: 8-16

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: ALTON LIVINGSTON REVOCABLE TRUST  
Address 1: PO BOX 218  
Address 2: \_\_\_\_\_  
City: FREDERICK State: OK Zip: 73542 + \_\_\_\_\_

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*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 12/1/12 Signature of Operator or Agent: Phil Winner Title: President

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Contact Person: Victor H. Dyal  
Phone: ( 913 ) 362-0510 Fax: ( 913 ) 362-0133  
Email Address: \_\_\_\_\_

Well Location:  
SE NW SE NE Sec. 16 Twp. 31 S. R. 17 ☒ East ☐ West  
County: Montgomery  
Lease Name: WAGNER Well #: 8-16

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**Surface Owner Information:**

Name: JERRY M LIVINGSTON  
Address 1: 907 W HOUSTON ST  
Address 2: \_\_\_\_\_  
City: FLOYDADA State: TX Zip: 79235 + \_\_\_\_\_

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Lease Name: WAGNER Well #: 8-16

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**Surface Owner Information:**

Name: LDL PARTNERS LLC C/O SHERRY TIMMS  
Address 1: 5566 HWY 56 WEST  
Address 2: \_\_\_\_\_  
City: RISING SUN State: IN Zip: 47040 + \_\_\_\_\_

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