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,

Check Applicable Boxes:	tea wan ans torm. I
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.: 225263
Gas Gathering System:	Lease Name: CHISM W
Saltwater Disposal Well - Permit No.:	<u>sw _ NE _ NE _ SW Sec29 </u>
Spot Location: feet from N / S Line	Legal Description of Lease: T 31 S, R 15 E, Sec 29: SW/4, W/2SE/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County:
Number of Injection Wells **	Production Zone(s):MULTI-ZONE
Field Name:	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover P Drilling
Type of Pit: Emergency Burn Settling	Haul-Off
33365./	Contact Person: Victor H. Dyal
Past Operator's License No. 33365	
Past Operator's Name & Address: Layne Energy Operating, LLC	
1900 Shawnee Mission Parkway, Mission Woods, KS 66205	Date: December 1, 2012
Title: President	Signature:Phif Winner
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
Dallas, TX 75206	Date: December 1, 2012 DEC 2 8 2012
Title: Chief Operating Officer	Signature: Signature: KCC WICHITA
Acknowledgment of Transfer: The above request for transfer of injection	
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:
Date: Authorized Signature /	Authorized Signature
DISTRICT EPR $3/22/13$	PRODUCTION 3.28.13 UIC 3-28-13
Mail to: Past Operator New Opera	tor District

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

Side Two

Must Be Filed For All Wells

*Lease Name: CHISM W		* Location: 29-31-15E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
11-29	15-125-30127-00-01	2050 GJ/FNL	2086 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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Market 11 To 1	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
					— RECEIVED — DEC 2 8 2012
					KCC WICHIT

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

KCC WICHITA

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.

Address 2:	22265	
Address 2: City: Mission Woods State: KS Zip: 66205 + # # # # # # # # # # # # # # # # # #	OPERATOR: License # 55505	
Address 2: Lease Name: Well fit. Well filling a Form T-1 for multiple wells on a lease, enter the legal description to lease below: Well filling a Form T-1 for multiple wells on a lease, enter the legal description the lease below: Well filling a Form T-1 for multiple wells on a lease, enter the legal description the lease below: Well filling a Form T-1 involving multiple surface owners, attach an add sheet litting all of the information to the left for each surface owner. So owner information can be found in the records of the register of deeds to county, and in the real estate property tax records of the county treasure. City: ELK CITY State: KS zip: 67344 + 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. So owner information can be found in the real estate property tax records of the county treasure. 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 are preliminary non-binding estimates. The locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 submit Select one of the following:	Name: Laylie Chergy Operating, LEO	•
City: Mission Woods State: KS zip: 66205 +		County: CHISM W Wall #, 11-29
Surface Owner Information: Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:	Address 2: KS 66205	Lease Name:
Surface Owner Information: Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:	City: State: Zip: Zip:+	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:	Contact Person:	-
Surface Owner Information: Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:		-
Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:	Email Address:	-
Name: WAYNE L & JAQULYN R CHISM LIVING TRUST Address 1: 5624 CHISM LN Address 2:		
Address 1: 5624 CHISM LN Address 2:		When filling a Form T.1 involving multiple curface curpors attach an additional
Address 2: City: ELK CITY State: KS Zip: 67344 * 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 the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 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 filling in connection with this form; 2) if the form being filled 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 with this form. If the fee is not received with this form, the KSC 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. Pate: 12/1/12 Signature of Operator or Agent: Title: President	Name: 5624 CHISM LN	sheet listing all of the information to the left for each surface owner. Surface
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