Form T-1

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.

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.: 228834 Lease Name: COPENHAVER		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	SE _ NW _ SW _ SW Sec. 2 Twp. 32 R. 14 V E W		
Spot Location: feet from N / S Line	Legal Description of Lease: T 32S R 14E Sec 2: SW/4,W/2SE/4		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Montgomery Production Zone(s): MULTI-ZONE Injection Zone(s):		
Number of Injection Wells **			
Field Name:			
** 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 P 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 Date: December 1, 2012 Signature: Winner		
1900 Shawnee Mission Parkway, Mission Woods, KS 66205			
Title: President			
Tide.	Oignature.		
New Operator's License No. 34779	Contact Person: John G. Burke		
New Operator's Name & Address: LR Energy, Inc.	Phone: 214-691-5800 RECEIVED		
8150 N. Central Expressway, Suite 1605	Oil / Gas Purchaser: Enserco Energy DEC 2 8 2012		
Dallas, TX 75206	Date: December 1, 2012		
	Date: Session KCC WICHITA		
Title: Chief Operating Officer	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection a	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 a	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:		
2/20/13	1/13 4-1.13		
Mail to: Past Operator New Operator			

Side Two

Must Be Filed For All Wells

* Lease Name: COPENHAVER				* Location:2-32-14E		
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)	
13-2	15-125-31102 <i>-06-01</i>	663 Circle	658 Circle	СМ	PROD	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		RECEIVE	
			FEL/FWL		DEC 2 8 20	
			FEL/FWL		KCC WICH	

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			
Lower Engrave Operating LLC	Well Location:		
Name: Layne Energy Operating, LLC	SE_NW_SW_SW Sec. 2 Twp. 32 S. R. 14 X East West		
Address 1: 1900 Shawnee Mission Parkway	County: Montgomery Lease Name: COPENHAVER Well #: 13-2		
address O.	Lease Name: COPENHAVER Well #: 13-2		
Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Victor H. Dyal	the lease below:		
hone: (913) 362-0510 Fax: (913) 362-0133			
mail Address:			
Surface Owner Information:			
Name: ROY A COPENHAVER	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		
Name: ROY A COPENHAVER Address 1: PO BOX 44	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: LONGTON State: KS Zip: 67352 +			
Select one of the following:			
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,			
	l acknowledge that, because I have not provided this information, the		
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.	owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.		
KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling the second option, submit payment of the \$30.00 handling the second option.	ng fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1		
KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling 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 CB hereby certify that the statements made herein are true and correct	ng fee, payable to the KCC, which is enclosed with this form. Ing fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling 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 CB hereby certify that the statements made herein are true and correct The statements made herein are true and the statemen	ng fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling 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 CB hereby certify that the statements made herein are true and correct tasks.	ng fee, payable to the KCC, which is enclosed with this form. Ing fee with this form. If the fee is not received with this form, the KSONA-1 in the interpretation in the inter		