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,
MIST he submitted with this form

Check Applicable Boxes:	uea win inis 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.: 225460		
Gas Gathering System:	Lease Name: COPENHAVER		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	<u>SW</u> - <u>NE</u> - <u>NE</u> - <u>NW</u> Sec. 11 Twp. 32 R. 14 ✓ E W		
feet from DE / DW Line	Legal Description of Lease: T 32S R 14E Sec 11:		
Enhanced Recovery Project Permit No.:	NE/4, NW/4, except one acre in the SW corner for school		
Entire Project: Yes No	County: Montgomery		
Number of Injection Wells **	Production Zone(s):MULTI-ZONE		
Field Name:			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover		
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: December 1, 2012		
Title: President	Signature: Phil Wimer		
1100.	Olgitature.		
New Operator's License No	Contact Person: John G. Burke		
New Operator's Name & Address: _LR Energy, Inc.	Phone: 214-691-5800 RECEIVED		
8150 N. Central Expressway, Suite 1605	Encarco Energy		
	DEL 4 0 /111/		
Dallas, TX 75206	Date: December 1, 2012 KCC 14/101 (17)		
Title: Chief Operating Officer	Signature: KCC WICHIT		
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.		
	T		
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 3/29/13	PRODUCTION 4.1.13 UIC 4-1-13		
Mail to: Boot Operator	Or District		

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

Side Two

Must Be Filed For All Wells

KDOB	Lease No :	225460
N 16 174	Lease No.	

* Lease Name:	COPENHAVER	* Location: 11-32-14E			
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)
3-11	15-125-30591	659 Circle	2002 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		
	AND TRANSPORT	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	(-1	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	11.11.1.14.14	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		DEC 2 8 2012
		FSL/FNL	FEL/FWL		

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)	
ODERATOR: 4:0000 # 33365	Well Location:	
OPERATOR: License # 33365 Name: Layne Energy Operating, LLC	SW_NE_NE_NW Sec. 11 Twp. 32 S. R. 14 X East West	
Address 1: 1900 Shawnee Mission Parkway		
Address 2:	County: Montgomery Lease Name: COPENHAVER Well #: 3-11	
Address 2:	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:	
Phone: (913) 362-0510 Fax: (913) 362-0133		
Email Address:		
Surface Owner Information: Name: ROY A COPENHAVER	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: PO BOX 44	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 2:	county, and in the real estate property tax records of the county treasurer.	
City: LONGTON State: KS Zip: 67352 +		
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be located 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, and I have not provided this information to the surface owner(s). I address.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this	
task, I acknowledge that I am being charged a \$30.00 handling		
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	and the state of t	
Date: 12/1/12 Signature of Operator or Agent:	Vinne Title: President	
	RECEIVE	

DEC 2 8 2012 KCC WICHITA