100112_Bidson.pdf

Form T-1

March 2010

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed Form must be Signed REQUEST FOR CHANGE OF OPERATOR All blanks must be Filled

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:	0-4-1			
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.: 230570			
Gas Gathering System:	Lease Name: EIDSON			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line feet from E / W Line	Legal Description of Lease: T 31S, R 16E Sec 34: (S/2 SE/4).			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Montgomery			
Number of Injection Wells**	Production Zone(s): MULTI-ZONE			
Field Name:	Injection Zone(s):			
** Side Two Must Be Completed.				
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover DP 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			
	December 1 2012			
1900 Shawnee Mission Parkway, Mission Woods, KS 66205	Date:			
Title: President	Signature:			
New Operator's License No. 34779	Contact Person: John G. Burke RECEIVED			
New Operator's License No.				
New Operator's Name & Address: LR Energy, Inc.	Phone: 214-691-5800 DEC 2 8 2012			
8150 N. Central Expressway, Suite 1605	Oil / Gas Purchaser: Enserco Energy			
Dallas, TX 75206	Date: December 1, 2012 KCC WICHITA			
Title: Chief Operating Officer	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit #has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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 4/2//3	PRODUCTION 4.3.13 uic 4-3-13			
Mail to: Past Operator / / New Operat	tor District			

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 230570 * Lease Name: EIDSON				Location: 3	4-31-16E	
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
16-34	15-125-31640 🗸	793 <i>Circle</i> 793 S /FN	L <u>646</u>	Circle IEI/FWL	СМ	PROD
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
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		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
		FSL/FN	L	FEL/FWL		
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				FEL/FWL		DEC 2 8 2012
				FEL/FWL		KCC WICHITA

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	(Cathodic Protection Borehole Intent) X 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 + Victor H. Dval	Well Location:			
Name: Layne Energy Operating, LLC	SE_SE_Sec. 34 Twp. 31 S. R. 16 🗶 East West			
Address 1: 1900 Shawnee Mission Parkway	County: Montgomery Lease Name: EIDSON Well #: 16-34			
Address 2:	Lease Name: EIDSON Well #: 16-34			
City: Mission Woods State: KS Zip: 66205 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: Victor H. Dyai	the lease below:			
Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133				
Email Address:				
Surface Owner Information: Name: LAIRD S EIDSON AND MARILYN B EIDSON	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1: 4234 CR 4900	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: INDEPENDENCE State: KS Zip: 67301 +				
	nk batteries, pipelines, and electrical lines. The locations shown on the plat 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 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). I	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 in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this			
task, I acknowledge that I am being charged a \$30.00 handlir				
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
I hereby certify that the statements made herein are true and correct				
Date: 12/1/12 Signature of Operator or Agent:	Winner Title: President			
	RECEIVED			

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

DEC 2 8 2012 KCC WICHITA