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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, MUST be submitted with this form. Check Applicable Boxes: October 1, 2012 Effective Date of Transfer: _ Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 230356 Gas Gathering System: Lease Name: ISLE Saltwater Disposal Well - Permit No.: ____ _- ___ <u>SW _ NW Sec. 9 Twp. 34 R. 16</u> VE W __ feet from N / S Line Legal Description of Lease: <u>'T 34 South,</u> R 16 East Sec 9: (S/2NW/4) feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Montgomery Entire Project: Yes No Number of Injection Wells _ Production Zone(s): MULTI-ZONE Field Name: Injection Zone(s):_ ** Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Workover 1 ← Drilling Haul-Off Type of Pit: Emergency Burn Settling Contact Person: __Victor H. Dyal 33365 / Past Operator's License No. Phone: _913-362-0510 Layne Energy Operating, LLC Past Operator's Name & Address: _ December 1, 2012 1900 Shawnee Mission Parkway, Mission Woods, KS 66205 Title: President Signature: Contact Person: John G. Burke New Operator's License No. Phone: 214-691-5800 New Operator's Name & Address: LR Energy, Inc. 8150 N. Central Expressway, Suite 1605 Oll / Gas Purchaser: Enserco Energy Date: December 1, 2012 Dallas, TX 75206 Title: Chief Operating Officer Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by _____ . Recommended action: permitted by No.: ___ Date: Date: Authorized Signature Authorized Signature PRODUCTION _ DISTRICT ___ Mail to: Past Operator _ New Operator_ District .

Side Two

Must Re Filed For All Wells

* Lease Name:	No.: 230356		* Location:9	-34-16E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
5-9	15-125-31530	1671 Circle	926 Circle	СМ	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u>-</u>	
		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		
			FEL/FWL		
		FSL/FNL			RECEIVED
		FSL/FNL	FEL/FWL		DEC 2 8 2012

A separate sheet may be attached if necessary

_FEL/FWL

.FEL/FWL

KCC WICHITA

FSL/FNL

_FSL/FNL _

^{*} 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	Mall A and None		
Name: License # 99999 Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway	Well Location: <u>SW</u> - <u>NW</u> Sec. 9 Twp. 34 S. R. 16 🔀 East 🗌 West		
Address 1. 1900 Shawnee Mission Parkway			
Address 2:	County: Montgomery Lease Name: ISLE Well #: 5-9		
City Mission Woods State, KS 712, 66205	Lease Name: Well #:		
Contact Parson: Victor H. Dyal	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
City: Mission Woods State: KS Zip: 66205 + Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133			
Email Address:	·		
Surface Owner Information: Name: LARRY J ISLE AND BECKEY A ISLE	When filing a Form T-1 involving multiple surface owners, attach an additiona		
Address 1: 2650 CR 4300	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.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads	Cathodic Protection Borehole Intent), you must supply the surface owners and stank batteries, pipelines, and electrical lines. The locations shown on the plat		
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