# 100112\_Likes.pdf

## 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:	Lea with this 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.: 228967  Lease Name: LIKES  NW - SE - NE - SW Sec. 7 Twp. 31 R. 15 VE W		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Legal Description of Lease: T 31 South, R 15 East, Sec 7:		
feet from E / W Line			
Enhanced Recovery Project Permit No.:	Lots 3 & 4 & the E/2 SW4, also described as SW/4  County: Montgomery  Production Zone(s): MULTI-ZONE  Injection Zone(s):		
Entire Project: Yes No			
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 OF 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		
1900 Shawnee Mission Parkway, Mission Woods, KS 66205	Date:		
Title: President			
	Olymature.		
New Operator's License No	Contact Person: John G. Burke		
New Operator's Name & Address: LR Energy, Inc.	Phone: 214-691-5800 <b>RECEIVED</b>		
8150 N. Central Expressway, Suite 1605	Enserco Energy		
Dallas, TX 75206	Date: December 1, 2012		
Title: Chief Operating Officer	Detille KCC WICHITA		
Title:	Signature:		
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.		
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		
	PRODUCTION 4. 19. 13 UIC 4-19-13		
Mail to: Past Operator New Operator	or District		

#### Side Two

### Must Be Filed For All Wells

* Lease Name:	LIKES	* Location: 7-31-15E			
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)
11-7	15-125-31092-00-01/	1987 SJ/FNL	2009 Circle	СМ	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Name and the second and the second	
		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		
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		FSL/FNL	FEL/FWL		DECEMEN
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A separate sheet may be attached if necessary

\_FSL/FNL \_\_\_\_\_FEL/FWL

FSL/FNL \_

FSL/FNL \_

\_\_ FEL/FWL \_

\_\_ FEL/FWL

DEC 2 8 2012

KCC WICHITA

<sup>\*</sup> 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)			
33365				
OPERATOR: License # 33365  Name: Layne Energy Operating, LLC  Address 1: 1900 Shawnee Mission Parkway	Well Location:			
Name: 1900 Shawnee Mission Parkway	NW SE NE SW Sec. 7 Twp. 31 S. R. 15 X East West			
Address 1:	County: Montgomery  Lease Name: LIKES Well #: 11-7			
Address 2: KS 66205	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
City: Victor H Dval				
Address 2:				
Email Address:				
Surface Owner Information:  Name: LOIS MAXINE LIKES  Address 1: 1701 MADISON APT 107  Address 2:	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 owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k 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.			
<ul> <li>I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I 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, a</li> <li>I have not provided this information to the surface owner(s). I a</li> </ul>	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this			
If choosing 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 CP-	fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.			
I hereby certify that the statements made herein are true and correct to				
- 12/1/12 Phil	, <del>, , , , , , , , , , , , , , , , , , </del>			

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