KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1
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: 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.: 227248 Gas Gathering System: Lease Name: TUCKER AX&P Saltwater Disposal Well - Permit No.: ____ _- ___ <u>SW _ NE Sec. 33 Twp. 30 R. 16 </u> _____ feet from N / S Line Legal Description of Lease: T30S-R16E Sec. 33: _ feet from ___ E / ___ W Line A metes/bounds tract located within the W/2 NE/4. Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: _Wilson Number of Injection Wells _ Production Zone(s): MULTI-ZONE Field Name: Injection Zone(s): ** 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 33365 Past Operator's License No. Contact Person: _ Victor H. Dyal Past Operator's Name & Address: Layne Energy Operating, LLC Phone: 913-362-0510 Date: December 1, 2012 1900 Shawnee Mission Parkway, Mission Woods, KS 66205 Title: President Contact Person: John G. Burke New Operator's License No. New Operator's Name & Address: LR Energy, Inc. Phone: 214-691-5800 8150 N. Central Expressway, Suite 1605 Oil / Gas Purchaser: Enserco Energy Date: December 1, 2012 Dallas, TX 75206 **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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____. Recommended action: permitted by No.: ____ Date: Authorized Signature Authorized Signature DISTRICT _ uic_ PRODUCTION . Mail to: Past Operator_ New Operator District _

100112 Tucker_AMP_33.1

Side Two

Must Be Filed For All Wells

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	No.: 227248 TUCKER AX&P		* Location:	13_30_16F	
Lease Name:			Location:	JO-30-10L	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
7-33	15-205-26430	1980 Circle	1980 Circle	СМ	PROD
	· .	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSI /FNI	FFI /FWI		

A separate sheet may be attached if necessary

__FSL/FNL _____FEL/FWL _

FEL/FWL

_____FEL/FWL

____ FEL/FWL

_____FEL/FWL

FSL/FNL

FSL/FNL

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 33365	Wall Location				
Name. Layne Energy Operating, LLC	Well Location:				
OPERATOR: License # 33303 Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway Address 2:	County Wilson				
Address 2:	County: Wilson Lease Name: TUCKER AX&P Well #: 7-33				
City Mission Woods					
Contract Descent Victor H. Dval	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133					
Email Address:					
Surface Owner Information: Name: JACK ALBERT TUCKER REVOCABLE DECLARATION OF TRUST	When filing a Form T-1 involving multiple surface owners, attach an additional				
Address 1: 3141 CHELTENHAM WAY	sheet listing all of the information to the left for each surface owners. 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.				
Address 2:					
City: MEDFORD State: OR Zip: 97504 + 9768	,				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	batteries, pipelines, and electrical lines. The locations shown on the plat				
Select one of the following:					
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Accowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own 	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form caing filed is a Form C-1 or Form CB-1, the plat(s) required by this d email address. Knowledge that, because I have not provided this information, the				
task, I acknowledge that I am being charged a \$30.00 handling for					
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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.				
I hereby certify that the statements made herein are true and correct to the	<u> </u>				
Date: 12/1/12 Signature of Operator or Agent:	Title: President				

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