100112_Weber.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,

Check Applicable Boxes: MUST be subm	nitted 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.: _226641
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: WEBER
Spot Location: feet from N / S Line	<u>NE _ NW Sec. 34 Twp. 30 R. 14 </u>
feet from E / W Line	Legal Description of Lease: T30S, R 14E Sec 34: The NW/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Wilson RECEIVED
Number of Injection Wells**	Production Zone(s): MULTI-ZONE DEC 2 8 2012
Field Name:	Injection Zono/o)
** Side Two Must Be Completed.	KCC WICHITA
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	
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
34779 🗸	Contact Person:
New Operator's License No. 34779 √	
New Operator's Name & Address: LR Energy, Inc.	Phone: 214-691-5800
8150 N. Central Expressway, Suite 1605	Oil / Gas Purchaser: Enserco Energy
Dallas, TX 75206	Date: December 1, 2012
Title: Chief Operating Officer	Signature:
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been
	n 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:
DISTRICT EPR 4/25/13	PRODUCTION 4.26.13 UIC 4-26-13
Mail to: Past Operator New Opera	· -

Side Two

Must Be Filed For All Wells

	No.: 226641 V				
* Lease Name:	WEBER		* Location: 34-30-14E		
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)
3-34	15-205-26256 √		2280 Circle	СМ	PROD
		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		
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		FSL/FNL	FEL/FWL		RECEIVE
		FSL/FNL	FEL/FWL		DEC 2 8 20
		FSL/FNL	FEL/FWL		KCC WICHI

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



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.

Address 1: 1900 Shawnee Mission Parkway Address 2: Lease Name: WEBER Mission Woods KS 66205	c. 34 Twp. 30 s. R. 14 ⊠ East West West Well #: 3-34 Well #: 5-34		
Name: Layne Energy Operating, LLC Address 1: 1900 Shawnee Mission Parkway Address 2: City: Mission Woods State: KS Zip: 66205 + If filing a Form T-1 for multiple form the lease below: Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133	Well #: 3-34		
Address 1: 1900 Shawnee Mission Parkway Address 2: Lease Name: WEBER City: Mission Woods State: KS Zip: 66205 + If filing a Form T-1 for mu the lease below: Phone: (913) 362-0510 Fax: (913) 362-0133			
Address 2: Lease Name: WEBER City: Mission Woods State: KS Zip: 66205 + If filing a Form T-1 for mu the lease below: Phone: (913) 362-0510 Fax: (913) 362-0133			
City: Mission Woods Contact Person: Victor H. Dyal Phone: (913) 362-0510 Fax: (913) 362-0133			
Contact Person: Victor H. Dyal the lease below: Phone: (913) 362-0510 Fax: (913) 362-0133	ltiple wells on a lease, enter the legal description of		
Phone: (913) 362-0510 Fax: (913) 362-0133			
Email Address:			
	volving multiple surface owners, attach an additional		
	prmation to the left for each surface owner. Surface found in the records of the register of deeds for the		
Address 2: county, and in the real est	county, and in the real estate property tax records of the county treasurer.		
City: FREDONIA State: KS Zip: 66736 +			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and eare preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form C Select one of the following:	lectrical lines. The locations shown on the plat		
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I hav owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Fo CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or form; and 3) my operator name, address, phone number, fax, and email address. ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I 	rm C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this		
KCC will be required to send this information to the surface owner(s). To mitigate the add task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, w	ditional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	e is not received with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to the best of my knowledge	and belief.		
Date: 12/1/12 Signature of Operator or Agent: This Winner	Title: President		

RECEIVED

DEC 2 8 2012

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

KCC WICHITA