KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Castle Resources, Inc.
License Number: 9860

Operator Address: PO BOX 583 RUSSELL KS 67665 0583

Contact Person: Jerry Green
Phone Number: (785) 625 - 5155

Permit Number *(API No. if applicable)*: 15-179-21465-00-00
Lease Name: SCOTT

Source of Waste:

- [ ] Emergency Pit
- [ ] Settling Pit
- [ ] Workover Pit
- [x] Drilling Pit
- [ ] Burn Pit
- [ ] Haul-off Pit
- [ ] Steel Pit
- [ ] Spill / Escape
- [ ] Dike

Well Number: 1

Source Location (QQQQ): NW - SE - NW - NW

Sec. 36 Twp. 8 R. 28 [ ] East [x] West

850 Feet from [x] North / [ ] South Line of Section

850 Feet from [ ] East / [x] West Line of Section

GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*

Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84

County: Sheridan

No Waste to be Hauled: [x] *(If checked, provide an explanation as to why no waste was hauled in the Comments area.)*

Type of waste to be disposed: [ ] Fluid [ ] Soil [ ] Mud / Cuttings [ ] Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [ ] Disposal Well [ ] Lease Road [ ] Dike / Berm [ ] Other: _____

If waste is transferred to another reserve pit, is the lease active? [ ] Yes [ ] No

Location of Waste Disposal:

Destination Out of State: [ ] *(If checked, provide the location of where the waste was hauled in the Comments area.)*

Date of Waste Transfer: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ [ ] East [ ] West

Docket No./API No.: _____ County: _____

Comments:

Evaporation

Submitted Electronically