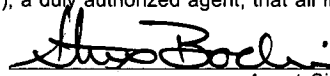
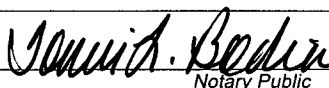


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: Daystar Petroleum, Inc.		License Number: 30931	
Operator Address: PO Box 360, Valley Center, KS 67147-0360			
Contact Person: Charles Schmidt, President		Phone Number: (316) 755 - 3492	
Permit Number (API No. if applicable): 15-153-20852-0000		Lease Name: Timm C	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: #1-23	
		Source Location (QQQQ): E2 - NE - SE - Sec. 23 Twp. 1 R. 33 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1980 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 330 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Rawlins County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: <u>0</u> No. of loads <u>0</u> Barrels <u>0</u> Tons <u>0</u> YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: Evaporated			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal: _____		Date of Waste Transfer: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: _____		County: _____	
The undersigned hereby certifies that he / she is _____ for _____ (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <div style="text-align: right; margin-right: 100px;">  _____ Agent Signature </div> Subscribed and sworn to before me on this _____ day of _____ <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 2px solid black; padding: 5px; text-align: center;"> NOTARY PUBLIC - State of Kansas TONNI L. BODINE My Comm. Exp. 2/25/2004 </div> <div style="text-align: right;">  _____ Notary Public </div> <div style="text-align: right; border: 1px solid black; padding: 5px;"> RECEIVED KANSAS CORPORATION COMMISSION </div> </div> My Commission Expires: _____			