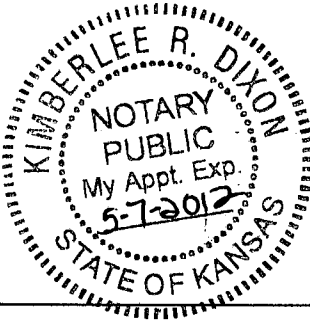
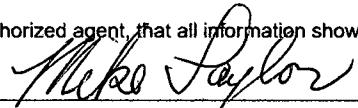
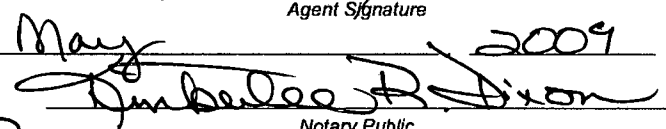


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Layne Energy Operating, LLC</b>		License Number: <b>33365</b>	
Operator Address: <b>1900 Shawnee Mission Parkway, Mission Woods, KS 66205</b>			
Contact Person: <b>Mike Taylor</b>		Phone Number: ( <b>620</b> ) <b>627 - 2499</b>	
Permit Number (API No. if applicable): <b>15-205-27743-0000</b>		Lease Name: <b>Hare</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>15-8</b>	
		Source Location (QQQQ): <b>N2 - SW - SE -</b> Sec. <b>8</b> Twp. <b>30</b> R. <b>16</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>833</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>2035</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>WILSON</b> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads <u>70-80</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
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: <u>1/16/09</u>	
Operator Name: <u>Layne Energy Operating, LLC</u>		License No.: <u>33365</u>	
Lease Name: <u>Hare #10-21 SWD</u>		Sec. <u>21</u> Twp. <u>30</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>D-28663/15-205-26358-00-00</u>		County: <u>Wilson</u>	
Comments:			
		RECEIVED MAY 26 2009 KCC WICHITA	
The undersigned hereby certifies that he / she is _____ Agent			
for <u>Layne Energy Operating, LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true			
and correct to the best of his / her knowledge and belief.			
Subscribed and sworn to before me on this <u>15<sup>th</sup></u> day of <u>May</u>		 Agent Signature	
My Commission Expires: <u>May 7, 2012</u>		<u>2009</u>  Notary Public	