

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Running Foxes Petroleum, Inc.		License Number: 33397
Operator Address: 7060-B S. Tucson Way, Centennial, CO 80112		
Contact Person: Kent Keppel		Phone Number: (720) 889 - 0510
Permit Number (API No. if applicable): 15-011-23443-00-00		Lease Name: Danley
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: 10-34 CBM Source Location (QQQQ): <u> NW - SE - NW - SE </u> Sec. <u> 34 </u> Twp. <u> 23 </u> R. <u> 22 </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u> 1875 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 1925 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> Bourbon </u> County

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

Amount of waste: **2** No. of loads **160** 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: _____ Date of Waste Transfer: **11/20-11/25 2008**

Operator Name: **Admiral Bay (USA) Inc.** License No.: **33583**

Lease Name: **Wunderly (4-26 SWD)** Sec. **26** Twp. **24** R. **23** East West

Docket No./API No.: **15-011-23212-00-00 D28857.0** County: **Bourbon**

Comments: _____

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KANSAS CORPORATION COMMISSION
FEB 27 2009
CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is **Kent Keppel**
for **Running Foxes Petroleum, Inc.** (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 **26th** day of **February** , **2009**
KARLA PETERSON
NOTARY PUBLIC
STATE OF COLORADO

Notary Public

My Commission Expires **11/9/10**