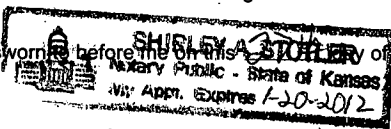


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>COLT ENERGY, INC</b>		License Number: <b>5150</b>	
Operator Address: <b>P O BOX 388</b>			
Contact Person: <b>DENNIS KERSHNER</b>		Phone Number: ( <b>620</b> ) <b>365 - 3111</b>	
Permit Number (API No. if applicable): <b>15-099-24,529 - DD-DD</b>		Lease Name: <b>MARCH</b>	
Source of Waste:		Well Number: <b>5-36</b>	
<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		Source Location (QQQQ): <u>  N2  </u> - <u>  N2  </u> - <u>  SW  </u> - <u>  NW  </u> Sec. <u>  36  </u> Twp. <u>  31  </u> R. <u>  17  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>  1380  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  680  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>LABETTE</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>  100  </u> Barrels                    _____ Tons                    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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>  4/23/09  </u>	
Operator Name: <u>  COLT ENERGY, INC  </u>		License No.: <u>  5150  </u>	
Lease Name: <u>  FOSTER 1-36 SWD  </u>		Sec. <u>  36  </u> Twp. <u>  31  </u> R. <u>  17  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <u>  D-28,692  </u>		County: <u>  LABETTE  </u>	
<p>The undersigned hereby certifies that he / she is <u>  AGENT  </u>          for <u>  COLT ENERGY, INC  </u> (Co.), a duly authorized agent, that all information shown hereon is true          and correct to the best of his / her knowledge and belief.</p> <p>Subscribed and sworn to before me on this <u>  April  </u> day of <u>  2009  </u></p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <p>My Commission Expires: <u>  1-20-2012  </u></p> </div> <div style="text-align: center;"> <p><i>Dennis Kershner</i> Agent Signature</p> <hr/> <p><i>Shirley A. Slotter</i> Notary Public</p> </div> </div>			