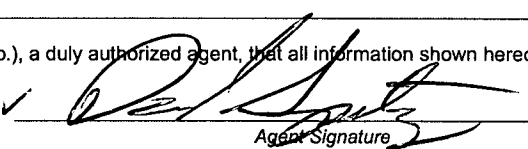


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>CEP MID CONTINENT LLC</b>		License Number: <b>34027</b>	
Operator Address: <b>15 WEST 6TH ST. SUITE 1400</b>			
Contact Person: <b>DAVID SPITZ, ENGINEERING MGR.</b>		Phone Number: ( <b>918</b> ) <b>877 - 2923</b>	
Permit Number (API No. if applicable): <b>15-<del>125-31847</del> 31849 0000</b>		Lease Name: <b>O'BRIEN</b>	
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: <b>27-2</b>	
		Source Location (QQQQ): <u>SW</u> - <u>SW</u> - <u>NW</u> - <u>NE</u> Sec. <u>27</u> Twp. <u>33</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1562</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>918</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>MONTGOMERY</u> 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: <u>10</u> No. of loads <u>1200</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>2-26-09</u>	
Operator Name: <b>GRAYSON OPERATING LLC</b>		License No.: <b>260505</b>	
Lease Name: <b>ALICE SHEETS A1</b>		Sec. <u>11</u> Twp. <u>28N</u> R. <u>13</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>147-08716</u>		County: _____	
Comments:			
KANSAS CORPORATION COMMISSION MAY 07 2009 RECEIVED			
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.  Agent Signature			
Subscribed and sworn to before me on this _____ day of _____			
_____ Notary Public			
My Commission Expires: _____			