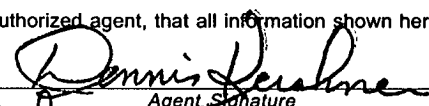
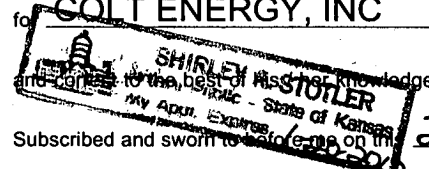


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

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>15-099-24,507 8000</b>		Lease Name: <b>MCNICKLE</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>4-16</b>  Source Location (QQQQ): <u>  <b>NW</b>  </u> - <u>  <b>SE</b>  </u> - <u>  <b>NW</b>  </u> - <u>  <b>NW</b>  </u> Sec. <u>  <b>16</b>  </u> Twp. <u>  <b>33</b>  </u> R. <u>  <b>18</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>  <b>800</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>835</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>LABETTE</b>  </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:    _____ No. of loads <u>  <b>70</b>  </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>  <b>2/27/09</b>  </u>	
Operator Name: <u>  <b>COLT ENERGY, INC</b>  </u>		License No.: <u>  <b>5150</b>  </u>	
Lease Name: <u>  <b>WEBB SWD1</b>  </u>		Sec. <u>  <b>30</b>  </u> Twp. <u>  <b>33</b>  </u> R. <u>  <b>17</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <u>  <b>D-30,074</b>  </u>		County: <u>  <b>MONTGOMERY</b>  </u>	

RECEIVED  
KANSAS CORPORATION COMMISSION  
APR 15 2009  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>  <b>AGENT</b>  </u>	
for <u>  <b>COLT ENERGY, INC</b>  </u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his/her knowledge and belief.	
My Comm. Expires <u>  <b>1-20-2012</b>  </u> on the <u>  <b>2nd</b>  </u> day of <u>  <b>April</b>  </u> , 2009	 _____ Agent Signature
	
_____ Notary Public	