

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

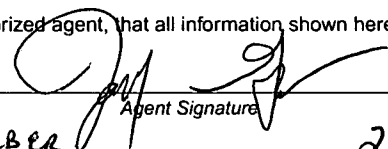
Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

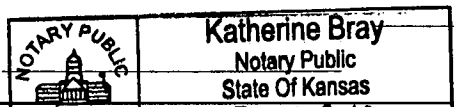
Operator Name: Castle Resources Inc.		License Number: 9860	
Operator Address: PO Box 87 Schoenchen, KS 67667			
Contact Person: Jerry Green		Phone Number: (785) 625 - 5155	
Permit Number (API No. if applicable): 15-051-05222-00-01		Lease Name: Truan-Johnson	
Source of Waste: <input type="checkbox"/> 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: 1 Source Location (QQQQ): NE - NE - NW - Sec. 28 Twp. 11 R. 18 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 330 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 2970 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Ellis County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>free water</u>			
Amount of waste: <u>2</u> No. of loads <u>160</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>10/5/09</u>	
Operator Name: <u>Cla-Mar Oil Company</u>		License No.: <u>6509</u>	
Lease Name: <u>Dechant SWD</u>		Sec. <u>17</u> Twp. <u>14</u> R. <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-24,904</u>		County: <u>Ellis</u>	
Comments:			

RECEIVED
NOV 12 2009
KCC WICHITA

The undersigned hereby certifies that he / she is PRESIDENT
for Castle Resources Inc (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 10th day of NOVEMBER, 2009.

My Commission Expires: 

Katherine Bray
Notary Public