

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

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>15-125-31,807 0000</b>		Lease Name: <b>FLANDERS</b>	
Source of Waste:  <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		Well Number: <b>11-27</b>	
		Source Location (QQQQ): <b>W2 - NE - NE - SW</b>	
		Sec. <b>27</b> Twp. <b>31</b> R. <b>17</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>2310</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>2030</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>MONTGOMERY</b> County	

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

Amount of waste:        \_\_\_\_\_ No. of loads        100 Barrels        \_\_\_\_\_ Tons        \_\_\_\_\_ YDS

Destination of waste:     Reserve 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: 11-23-09

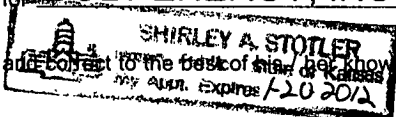
Operator Name: COLT ENERGY, INC License No.: 5150

Lease Name: FOSTER 1-36 SWD Sec. 36 Twp. 31 R. 17  East  West

Docket No.: D-28,692 County: LABETTE

RECEIVED  
DEC 07 2009  
KCC WICHITA

The undersigned hereby certifies that he / she is AGENT  
for COLT ENERGY, 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 3rd day of December, 2009

Shirley A Stotler  
Notary Public

My Commission Expires: 1-20-2012