

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Castle Resources Inc.</b>		License Number: <b>9860</b>	
Operator Address: <b>PO Box 87 Schoenchen, KS 67667</b>			
Contact Person: <b>Jerry Green</b>		Phone Number: ( <b>785</b> ) <b>625 - 5155</b>	
Permit Number (API No. if applicable): <b>15-<del>47</del><sup>179</sup>21234-00-00</b>		Lease Name: <b>Sealock</b>	
Source of Waste:		Well Number: <b>1</b>	
<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		Source Location (QQQQ): <u>  <b>NW</b>  </u> - <u>  <b>SE</b>  </u> - <u>  <b>NE</b>  </u> - <u>  <b>SW</b>  </u> Sec. <u>  <b>3</b>  </u> Twp. <u>  <b>9</b>  </u> R. <u>  <b>28</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>1850</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>  <b>2000</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Sheridan</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>80</b>  </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>  <b>9/2009</b>  </u>	
Operator Name: <u>  <b>Petex, Inc.</b>  </u>		License No.: <u>  <b>8541</b>  </u>	
Lease Name: <u>  <b>Kashka</b>  </u>		Sec. <u>  <b>1</b>  </u> Twp. <u>  <b>10</b>  </u> R. <u>  <b>33</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>25,989,</b>  </u>		County: <u>  <b>Thomas</b>  </u>	
Comments:			

RECEIVED  
JAN 28 2010  
KCC WICHITA

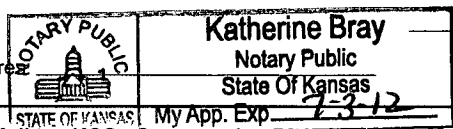
The undersigned hereby certifies that he / she is   **PRESIDENT**    
for   **CASTLE RESOURCES INC**   (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this   **26<sup>th</sup>**   day of   **January**  ,   **2010**  

*[Signature]*  
Agent Signature

  **Katherine Bray**    
Notary Public

My Commission Expires \_\_\_\_\_


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