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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC WICHITA Form must be Typed  
Form CDP-5 August 2008

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>N-10 Exploration, LLC</b>		License Number: <b>34352</b>	
Operator Address: <b>PO Box 195, Attica, KS 67009</b>			
Contact Person: <b>Randy Newberry</b>		Phone Number: ( <b>620</b> ) <b>254 - 7251</b>	
Permit Number (API No. if applicable): <b>15-007-23522-00-00</b>		Lease Name: <b>Medicine River Ranch</b>	
Source of Waste:		Well Number: <b>C1</b>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): _____ - _____ - _____ - <b>NE</b> Sec. <b>21</b> Twp. <b>34S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1650</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2310</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Barber</b> 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>11</u> No. of loads <u>880</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: <b>6/24/2010</b>	
Operator Name: <b>N-10 Exploration, LLC</b>		License No.: <b>34352</b>	
Lease Name: <b>Medicine River Ranch SWD B</b>		Sec. <b>15</b> Twp. <b>34S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D-30, 586</b>		County: <b>Barber</b>	
Comments:			

The undersigned hereby certifies that he/she is Manager  
 for N-10 Exploration, LLC (Co.), a duly authorized agent, that all information shown hereon is true  
 and correct to the best of his / her knowledge and belief.

*Randy Newberry*  
 Agent Signature

Subscribed and sworn to before me on this 19<sup>th</sup> day of July, 2010

My Commission Expires: 1-6-2011

*Jane Swingle*  
 Notary Public

