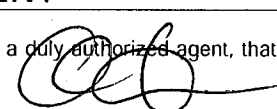
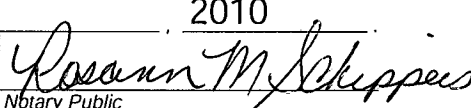


**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>FALCON EXPLORATION, INC.</b>		License Number: <b>5316</b>	
Operator Address: <b>125 N. MARKET, SUITE 1252, WICHITA, KS 67202</b>			
Contact Person: <b>MIKE MITCHELL</b>		Phone Number: <b>( 316 ) 262 - 1378</b>	
Permit Number (API No. if applicable): <b>15-025-21271-0000</b>		Lease Name: <b>DECKER</b>	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input 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>1</b>	
		Source Location (QQQQ): <b>NW - SW - SW - NE</b> Sec. <b>12</b> Twp. <b>31</b> R. <b>22</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>2011</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2434</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>CLARK</b> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste:    _____ No. of loads    _____ Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <b>Evaporator</b>			
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>NONE</b>	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: _____		County: _____	

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
  
**MAY 12 2010**  
  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <b>PRESIDENT</b> for <b>FALCON EXPLORATION, INC.</b> (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 <b>6TH</b> day of <b>MAY</b> , <b>2010</b>		 _____ Notary Public
My Commission Expires: <b>9/28/11</b>		