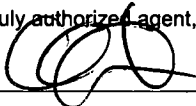



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

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>MICHEAL S MITCHELL</b>		Phone Number: ( <b>316</b> ) <b>262 - 1378</b>	
Permit Number (API No. if applicable): <b>15-025-21432-0000</b>		Lease Name: <b>GILES RANCH</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>3-10</b>	
		Source Location (QQQQ): <u>SW - NE - SW - NE</u> Sec. <u>10</u> Twp. <u>31</u> R. <u>22</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1880</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1680</u> 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 checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste:      _____ No. of loads <u>80</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>6/23/10</u>	
Operator Name: <u>FALCON EXPLORATION INC.</u>		License No.: <u>5316</u>	
Lease Name: <u>GRC #2-11(SW)</u>		Sec. <u>11</u> Twp. <u>31</u> R. <u>22</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D30295</u>		County: <u>CLARK</u>	
Comments:			
RECEIVED AUG 08 2010 KCC WICHITA			
The undersigned hereby certifies that he / she is <u>PRESIDENT</u> for <u>FALCON EXPLORATION INC.</u> (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 <u>3RD</u> day of <u>AUGUST</u> 2010			
My Commission Expires: <u>9/28/11</u>		 Rosann M. Schippers Notary Public	