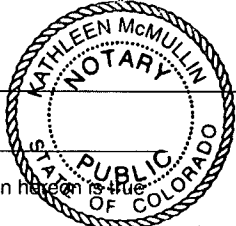


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>M &amp; M Exploration, Inc.</b>		License Number: <b>31885</b>	
Operator Address: <b>60 Garden Center, Suite 102 Broomfield, CO 80020</b>			
Contact Person: <b>Mike Austin</b>		Phone Number: ( <b>303</b> ) <b>438 - 1991</b>	
Permit Number (API No. if applicable): <b>15007235830000</b>		Lease Name: <b>Z Bar</b>	
Source of Waste:		Well Number: <b>35-9</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>E/2 - SW - NE - SE</b></u> Sec. <u><b>35</b></u> Twp. <u><b>33</b></u> R. <u><b>15</b></u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u><b>1,605</b></u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u><b>685</b></u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u><b>Barber</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>0</b></u> Barrels        _____ Tons        _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input 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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <p style="text-align: center;"><b>No free fluids to haul off.</b></p>			
		<b>RECEIVED</b> <b>SEP 23 2010</b> <b>KCC WICHITA</b>	
The undersigned hereby certifies that he / she is <u><b>President</b></u> for <u><b>M &amp; M Exploration, Inc.</b></u> (Co.), a duly authorized agent, that all information shown herein is true and correct to the best of his / her knowledge and belief.			
Subscribed and sworn to before me on this <u><b>21<sup>st</sup></b></u> day of <u><b>September</b></u>		<u><i>Kathleen McMullin</i></u> Agent Signature <u><b>2010</b></u>	
My Commission Expires: <u><b>6-13-2013</b></u>		<u><i>Kathleen McMullin</i></u> Notary Public	