

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Osborn Energy, LLC</b>		License Number: <b>32294</b>										
Operator Address: <b>24850 Farley Bucyrus, KS 66013</b>												
Contact Person: <b>Curstin Hamblin</b>		Phone Number: ( <b>913</b> ) <b>533</b> - <b>9900</b>										
Permit Number (API No. if applicable): <b>15-121-28207-0000</b>		Lease Name: <b>Stock 2</b>										
Source of Waste: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Dike</td> </tr> <tr> <td><input checked="" type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Spill / Escape</td> </tr> </table>		<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"/> Spill / Escape	Well Number: <b>2</b>
<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"/> Spill / Escape											
		Source Location (QQQQ): <u>      </u> SE <u>      </u> NW <u>      </u> NW Sec. <u>10</u> Twp. <u>16S</u> R. <u>25</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>990</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>990</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Miami</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>1</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>12/17/2010</u>										
Operator Name: <u>Osborn Energy, LLC</u>		License No.: <u>32294</u>										
Lease Name: <u>Someday</u>		Sec. <u>12</u> Twp. <u>16S</u> R. <u>24</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West										
Docket No./API No.: <u>D27845</u>		County: <u>Miami</u>										
Comments:												
<p><b>RECEIVED</b> <b>DEC 23 2010</b> <b>KCC WICHITA</b></p>												
The undersigned hereby certifies that he / she is <u>Geologist</u> for <u>OE LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <u>Curstin Hamblin</u> Agent Signature												
Subscribed and sworn to before me on this <u>20th</u> day of <u>December</u> , _____ <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center;"><b>Jane Brewer</b> <b>Notary Public</b> <b>State of Kansas</b></p> <p style="text-align: center;">My Commission Expires <u>3-23-11</u></p> </div> <u>[Signature]</u> Notary Public												