

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Castle Resources Inc.		License Number: 9860	
Operator Address: PO Box 87 Schoenchen, KS 67667			
Contact Person: Jerry Green		Phone Number: (785) 625 - 5155	
Permit Number (API No. if applicable): 15-05102153 0002		Lease Name: Pearl	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input 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		Well Number: 1	
		Source Location (QQQQ): NE NE SE Sec. 13 Twp. 11 R. 17 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 2330 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 440 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Ellis County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: Fresh water			
Amount of waste: <u>1</u> 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: November 2009	
Operator Name: V. Francis Weigel		License No.: 33996	
Lease Name: Mermis		Sec. 8 Twp. 13S R. 15 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: 22,305		County: Ellis	
Comments:			

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The undersigned hereby certifies that he / she is **PRESIDENT**
 for **CASTLE RESOURCES INC** (Co.), a duly authorized agent that all information shown hereon is true
 and correct to the best of his / her knowledge and belief.
 Subscribed and sworn to before me on this **20th** day of **December**, **2010**

 Agent Signature
Katherine Bray
 Notary Public

NOTARY PUBLIC
 My Commission Expires _____
Katherine Bray
 State of Kansas
 My App. Exp. **7-3-12**
 STATE OF KANSAS