

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: FALCON EXPLORATION INC.		License Number: 5316
Operator Address: 125 N. MARKET, SUITE 1252, WICHITA, KS 67202		
Contact Person: MICHEAL S MITCHELL		Phone Number: (316) 262 - 1378
Permit Number (API No. if applicable): 15-063-21328-0000		Lease Name: BROOKOVER
Source of Waste:		Well Number: #5
<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		Source Location (QQQQ): <u> NW </u> - <u> SW </u> - <u> SE </u> - _____ Sec. <u> 22 </u> Twp. <u> 13 </u> R. <u> 30 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 990 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 2310 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> GOVE </u> _____ County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: **NONE**

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

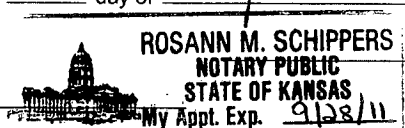
Comments:

RECEIVED
DEC 15 2010
KCC WICHITA

The undersigned hereby certifies that he / she is **COMPLIANCE OFFICER**
for **FALCON EXPLORATION INC.** (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 **13TH** day of **DECEMBER** **2010**

My Commission Expires: **9/28/11**



ROSANN M. SCHIPPERS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. **9/28/11**

Rosann M. Schippers
Notary Public