

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): 15-195301250001		Lease Name: Cheryl SWD
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): SW - SE Sec. 24 Twp. 15 R. 22 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 660 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 1980 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Trego 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 80 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: 2/5/11
Operator Name: Cla-Mar Oil Company		License No.: 6509
Lease Name: Dechant SWD		Sec. 17 Twp. 14 R. 18 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: D-24,904		County: Trego
Comments:		

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KCC WICHITA

The undersigned hereby certifies that he / she is **PRESTOENT**
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 **22nd** day of **FEBRUARY** **2011**

[Signature]
Agent Signature

Katherine Bray
Notary Public

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