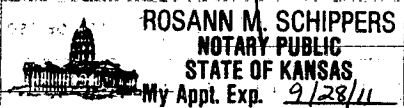


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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): 15-069-20334-0000		Lease Name: M D ISAAC	
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 checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: 1-34(NW)	
		Source Location (QQQQ): <u> NW </u> <u> SW </u> <u> SE </u> <u> NW </u>	
		Sec. <u> 34 </u> Twp. <u> 27 </u> R. <u> 30 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u> 2140 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
		<u> 1620 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section	
		<u> GRAY </u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads _____ 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: <u> NONE </u>	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:			
<p>The undersigned hereby certifies that he / she is <u> VICE-PRESIDENT </u> for <u> FALCON EXPLORATION INC. </u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.</p> <p style="text-align: right;"><i>[Signature]</i> Agent Signature</p> <p>Subscribed and sworn to before me on this <u> 28TH </u> day of <u> FEBRUARY </u> <u> 2011 </u></p> <p>My Commission Expires: <u> 9/28/11 </u></p> <div style="text-align: center;">  <p>ROSANN M. SCHIPPERS NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. <u> 9/28/11 </u></p> </div> <p style="text-align: right;"><i>Rosann M Schippers</i> Notary Public</p>			

RECEIVED
MAR 02 2011
KCC WICHITA