

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: FIML Natural Resources, LLC		License Number: 33476	
Operator Address: 410 17th Street, Ste. 900 Denver, CO 80202			
Contact Person: Cassie Parks		Phone Number: (303) 893 - 5090	
Permit Number (API No. if applicable): 15-171-20684-00-00		Lease Name: Dearden	
Source of Waste: <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"/> <input type="checkbox"/> Spill / Escape		Well Number: 7B-18-1931	
		Source Location (QQQQ): <u> </u> - <u> </u> - <u> </u> - <u> </u> - <u> </u> Sec. <u>18</u> Twp. <u>19S</u> R. <u>31</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1650</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Scott _____ 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: <u>No waste was generated</u>			
Amount of waste: <u>0</u> No. of loads <u>0</u> Barrels <u>0</u> Tons <u>0</u> 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 checked="" type="checkbox"/> Other: <u>No waste was generated</u>			
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>NA</u>	
Operator Name: <u>NA</u>		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:			

RECEIVED
AUG 3 2010
KCC WICHITA

The undersigned hereby certifies that he / she is Cassandra L Parks
 for FIML Natural Resources LLC (as 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 27th day of August, 2010.
 My Commission Expires: 10/17/2012

[Signature]
Agent Signature

[Signature]
Notary Public