

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

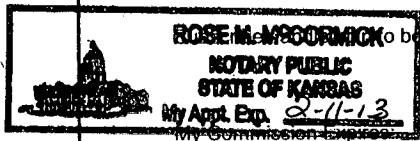
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Berexco, L.L.C.</b>		License Number: <b>34318</b>	
Operator Address: <b>P. O. Box 723 Hays, KS 67601</b>			
Contact Person: <b>Robert Grant</b>		Phone Number: ( <b>785</b> ) <b>628 - 6101</b>	
Permit Number (API No. if applicable): <b>1515902685 - 0000</b>		Lease Name: <b>TSU</b>	
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: <b>2-1</b>	
		Source Location (QQQQ): <b>SW - NE - SW</b> Sec. <b>25</b> Twp. <b>20S</b> R. <b>9</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1650</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1650</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Rice</b> 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: <b>3</b> No. of loads <b>240</b> 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: <b>9-10-09</b>	
Operator Name: <b>Berexco, L.L.C.</b>		License No.: <b>34318</b>	
Lease Name: <b>Tobias 20 SWD</b>		Sec. <b>25</b> Twp. <b>20S</b> R. <b>9</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>79548C #12849 D</b>		County: <b>Rice</b>	
Comments:			

RECEIVED  
APR 13 2011  
KCC WICHITA

The undersigned hereby certifies that he / she is Robert Grant  
for Berexco L.L.C. (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief.

*Robert Grant*  
Agent Signature



before me on this 11th day of April, 2011  
*Rose M. McCormick*  
Notary Public  
February 11, 2013