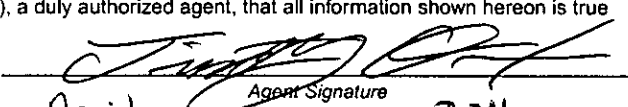
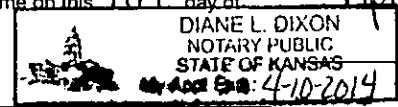


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form GDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Dixon Energy, Inc.</u>		License Number: <u>3372</u>	
Operator Address: <u>8100 E. 22nd St. Bldg. 300, Ste. 200</u>			
Contact Person: <u>Mike Dixon</u>		Phone Number: (<u>316</u>) <u>264</u> - <u>9632</u>	
Permit Number (API No. if applicable): <u>15-185-23592-0000</u>		Lease Name: <u>Spangenberg/Bauer</u>	
Source of Waste:		Well Number: <u>1</u>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input 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		Source Location (QQQQ): <u>S2</u> - <u>SW</u> - <u>SW</u> - <u>SE</u> Sec. <u>33</u> Twp. <u>22</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>230</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>Stafford</u> 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 <u>1280</u> 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: <u>10/19/09</u>	
Operator Name: <u>Bob's Hauling</u>		License No.: <u>33779</u>	
Lease Name: <u>Siefkes SWD</u>		Sec. <u>13</u> Twp. <u>22</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D22209</u>		County: <u>Stafford</u>	
Comments:			
The undersigned hereby certifies that he / she is <u>Operations Manager</u> for <u>Dixon Energy</u> (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 <u>7th</u> day of <u>April</u> , <u>2011</u>		 Agent Signature	
My Commission Expires: _____		 Notary Public	

RECEIVED
APR 08 2011