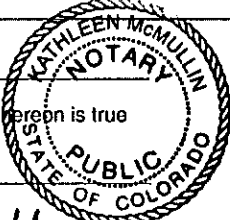


15-007-23702-0000

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>M &amp; M Exploration, Inc.</b>		License Number: <b>31885</b>	
Operator Address: <b>4257 Main St., Suite 230, Westminster, CO 80031</b>			
Contact Person: <b>Mike Austin</b>		Phone Number: ( <b>303</b> ) <b>438 - 1991</b>	
Permit Number (API No. if applicable): <b>15007237020000</b>		Lease Name: <b>Z Bar</b>	
Source of Waste:		Well Number: <b>20-14</b>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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		Source Location (QQQQ): <u>SW</u> - <u>NW</u> - <u>SE</u> - <u>SW</u> Sec. <u>20</u> Twp. <u>34</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>910</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1,480</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Barber</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    _____ 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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <b>No free fluids available to haul to disposal well.</b>			
The undersigned hereby certifies that he / she is <u>President</u>			
for <u>M &amp; M Exploration, Inc.</u> (Co.), a duly authorized agent, that all information shown herein is true and correct to the best of his / her knowledge and belief.			
Subscribed and sworn to before me on this <u>22nd</u> day of <u>August</u>		<u>[Signature]</u> Agent Signature	
My Commission Expires: <u>6.13.2013</u>		<u>[Signature]</u> Notary Public	

RECEIVED  
AUG 25 2011  
KCC WICHITA