

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

| | | | |
|---|--|--|--|
| Operator Name: Caerus Kansas LLC | | License Number: 34110 | |
| Operator Address: 600 17th Street, Ste 1600N | | | |
| Contact Person: Amy Lay | | Phone Number: (720) 880 - 6414 | |
| Permit Number (API No. if applicable): 15-185-23681-00-00 | | Lease Name: Wilson | |
| Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" 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: 31-31 | |
| | | Source Location (QQQQ): <u> E2 </u> - <u> NW </u> - <u> NW </u> - <u> NE </u> | |
| | | Sec. <u> 31 </u> Twp. <u> 24 </u> R. <u> 14 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 330 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 2116 </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> 540 </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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Location of waste disposal: | | Date of Waste Transfer: <u> 6/17/11 </u> | |
| Operator Name: <u> Rama Operating Co., Inc. </u> | | License No.: <u> 3911 </u> | |
| Lease Name: <u> Jordan SWD </u> | | Sec. <u> 26 </u> Twp. <u> 24 </u> R. <u> 12 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West | |
| Docket No./API No.: <u> D 15,265 0 </u> | | County: <u> Stafford </u> | |
| Comments: | | | |

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The undersigned hereby certifies that he / she is Operations Technician
for Caerus Kansas LLC (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief.
Agent Signature: A. Lay

Subscribed and sworn to before me on this 15th day of November , 2011

My Commission Expires: June 23, 2012
Notary Public: [Signature]

