

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

| | | |
|---|--|--|
| Operator Name: Lonestar Oil Company | | License Number: 31428 |
| Operator Address: PO Box 417 Victoria, KS 67671 | | |
| Contact Person: Jeff Crawford | | Phone Number: (785) 735 - 4585 |
| Permit Number (API No. if applicable): 15167237040000 | | Lease Name: J. Dortland |
| Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape | | Well Number: #21 Source Location (QQQQ): C S$\frac{1}{2}$ NW $\frac{1}{4}$ Sec. 4 Twp. 14 R. 15 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1980 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 1320 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Russell County |

| | | | | |
|---|--------------------------------------|---------------------------------------|---|--|
| Type of waste to be disposed: | <input type="checkbox"/> Fluid | <input type="checkbox"/> Soil | <input type="checkbox"/> Mud / Cuttings | <input type="checkbox"/> Other: _____ |
| Amount of waste: | <u>0</u> 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 | | | | |

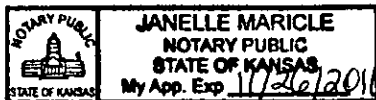
| | |
|---|--|
| Location of waste disposal: | Date of Waste Transfer: _____ |
| Operator Name: _____ | License No.: _____ |
| Lease Name: _____ | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West |
| Docket No./API No.: _____ | County: _____ |
| Comments: No waste was remove d from the site. | |

RECEIVED
NOV 16 2011

KCC WICHITA

The undersigned hereby certifies that he / she is OWNER
for Lonestar Oil (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 15th day of November, 2011



[Signature]
Agent Signature
Janelle Maricle
Notary Public