

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

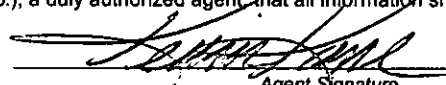
Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

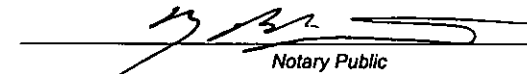
Operator Name: Bayswater Exploration and Production, LLC		License Number: 34510
Operator Address: 730 17th Street, Suite 610 Denver, CO 20202		
Contact Person: Kevin Kane		Phone Number: (303) 893 - 2503 ext. 216
Permit Number (API No. if applicable): 15-199-20390-00-00		Lease Name: Ray Smith 24-33
Source 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: # 1 Source Location (QQQQ): _____ - <u>SW</u> - <u>SE</u> - <u>SW</u> Sec. <u>33</u> Twp. <u>15S</u> R. <u>40</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>344</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1691</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Wallace _____ County
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>NA</u>		
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 checked="" type="checkbox"/> Other: <u>NA</u>		
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>NA</u>
Operator Name: <u>NA</u>		License No.: _____
Lease Name: <u>NA</u>		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: _____		County: _____
Comments: <p style="margin-left: 40px;">No drilling fluids or drilling cuttings were transferred off the Ray Smith 24-33 well site. As per standard area closure operations and per submitted KCC form CP4, the fluids were allowed to evaporate and the dried cuttings were backfilled in the reserve pit.</p>		

RECEIVED
NOV 29 2011
KCC WICHITA

The undersigned hereby certifies that he / she is OPERATIONS MANAGER
for BAYSWATER EXPL & PROD (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

Subscribed and sworn to before me on this 28th day of November, 2011


Notary Public

My Commission Expires 7/23/2014
TOM BLYTH
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires July 23, 2014