



KANSAS CORPORATION COMMISSION 1054929  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Colt Energy Inc</b>		License Number: <b>5150</b>
Operator Address: <b>PO BOX 388 IOLA KS 66749 0388</b>		
Contact Person: <b>DENNIS KERSHNER</b>		Phone Number: ( <b>620</b> ) <b>365 - 3111</b>
Permit Number (API No. if applicable): <b>15031227490000</b>		Lease Name: <b>Beard '1'</b>
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: <b>H5-I</b>
Source Location (QQQQ): <u>  <b>NW</b>  </u> <u>  <b>NW</b>  </u> <u>  <b>NE</b>  </u> <u>  <b>NW</b>  </u> Sec. <u>  <b>1</b>  </u> Twp. <u>  <b>23</b>  </u> R. <u>  <b>16</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>  <b>150</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1480</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Coffey</b>  </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>  <b>220</b>  </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>  <b>04/12/2011</b>  </u>
Operator Name: <u>  <b>Colt Energy Inc</b>  </u>		License No.: <u>  <b>5150</b>  </u>
Lease Name: <u>  <b>MURRAY</b>  </u>		Sec. <u>  <b>2</b>  </u> Twp. <u>  <b>23</b>  </u> R. <u>  <b>16</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: <u>  <b>D28297</b>  </u>		County: <u>  <b>COFFEY</b>  </u>
Comments:		
Submitted Electronically		