

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Red Cloud Exploration Operating LLC</b>		License Number: <b>34224</b>
Operator Address: <b>1611 St. Andrews Dr 3rd Fl</b>		
Contact Person: <b>Kevin Sylla</b>		Phone Number: <b>( 415 ) 850 - 9183</b>
Permit Number (API No. if applicable): <b>15207276700000</b>		Lease Name: <b>Weber</b>
Source of Waste: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Emergency Pit  <input type="checkbox"/> Workover Pit  <input type="checkbox"/> Burn Pit  <input type="checkbox"/> Steel Pit         </div> <div> <input type="checkbox"/> Dike  <input type="checkbox"/> Settling Pit  <input checked="" type="checkbox"/> Drilling Pit  <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Spill / Escape         </div> </div>		Well Number: <b>3-10</b>
		Source Location (QQQQ): <b>SE - NW - NE - SE</b> Sec. <b>19</b> Twp. <b>25</b> R. <b>16</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>2145</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>825</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Woodson County</b> 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 checked="" type="checkbox"/> Other: <b>Evaporation</b>		
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input checked="" 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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p>State of California County of Los Angeles            Subscribed and sworn to (or affirmed) before me on this  <u>12<sup>th</sup></u> day of <u>DECEMBER</u>, 20<u>11</u>, by  <u>KEVIN J. SYLLA</u>            proved to me on the basis of satisfactory evidence            to be the person who appeared before me.              Signature of Notary Public         </p> </div> <div style="width: 30%; text-align: center;"> </div> <div style="width: 25%; text-align: right;"> <p><b>RECEIVED</b>  <b>DEC 18 2011</b>  <b>KCC WICHITA</b></p> </div> </div>		
The undersigned hereby certifies that he / she is <u>KEVIN J. SYLLA</u> for <u>Red Cloud Exploration Operating LLC</u> , 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 _____ day of _____, _____ <div style="text-align: right; margin-top: 10px;">           Notary Public       </div>		
My Commission Expires: _____		