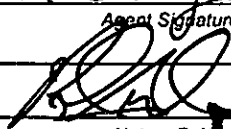


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Caerus Kansas LLC</u>		License Number: <u>34110</u>	
Operator Address: <u>600 17th Street, Ste 1600N</u>			
Contact Person: <u>Amy Lay</u>		Phone Number: ( <u>720</u> ) <u>880</u> - <u>6414</u>	
Permit Number (API No. if applicable): <u>15-009-25639-00-00</u>		Lease Name: <u>Hoffman Ranch</u>	
Source of Waste:		Well Number: <u>23-23</u>	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>NE</u> - <u>SW</u> - <u>NE</u> - <u>SW</u> Sec. <u>23</u> Twp. <u>17S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1795</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1814</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Barton</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>160</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>12-19-2011</u>	
Operator Name: <u>Caerus Kansas LLC</u>		License No.: <u>34110</u>	
Lease Name: <u>Demel #2-15</u>		Sec. <u>15</u> Twp. <u>17S</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>30,318</u>		County: <u>Barton</u>	
Comments:			
The undersigned hereby certifies that he / she is <u>Operations Technician</u> for <u>Caerus Kansas LLC</u> (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 <u>24<sup>th</sup></u> day of <u>January</u> , <u>2012</u> My Commission Expires: <u>4.7.15</u>			
		<u>A. Lay</u> <small>Agent Signature</small>	
		 <small>Notary Public</small>	
		<b>RONALD SOLT</b> <small>Notary Public</small> <b>State of Colorado</b>	