

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

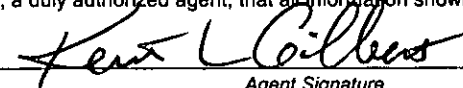
EXPLORATION & PRODUCTION WASTE TRANSFER


Operator Name: <b>Gilbert-Stewart Operating LLC</b>		License Number: <b>32924</b>
Operator Address: <b>Suite 450 1801 Broadway Denver, CO 80202</b>		
Contact Person: <b>Kent Gilbert</b>		Phone Number: ( <b>303</b> ) <b>534 - 1686</b>
Permit Number (API No. if applicable) <b>KS 159-22681-00 8D</b>		Lease Name: <b>Big Red</b>
Source of Waste: <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		Well Number: <b>14</b> Source Location (QQQQ): <b>C - N/2 - N/2 - NE</b> Sec. <b>7</b> Twp. <b>20S</b> R. <b>10</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>330</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1320</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Rice</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 <b>560</b> 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 checked="" type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>2/12 &amp; 3/12</b>
Operator Name: <b>Bob's Oil Service</b>		License No.: <b>32408</b>
Lease Name: <b>Sieker</b>		Sec. <b>35</b> Twp. <b>19S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>26497</b>		County: <b>Barton</b>
Comments:		

**RECEIVED**  
**APR 23 2012**

The undersigned hereby certifies that he / she is **MANAGER**  
for **Gilbert Stewart Oper** (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 **19<sup>th</sup>** day of **April**, **2012**

  
 Agent Signature

  
 Notary Public

My Commission Expires: **10/26/14**