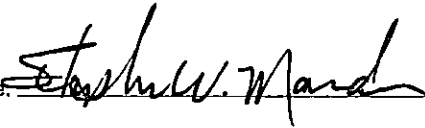


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
July 2014
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: MAREXCO, Inc.		License Number: 9152	
Operator Address: 3033 NW 63rd St. - suite 151			
Contact Person: Stephen W. Marden		Phone Number: (405) 286 - 5657	
Permit Number (API No. if applicable): 15-039-20645-00-01		Lease Name: Cozad	
Source of Waste:		Well Number: 34-12	
<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 <input type="checkbox"/> Dike		Source Location (QQQQ): _____ - <u>NW</u> - <u>SW</u> - <u>SE</u> Sec. <u>12</u> Twp. <u>1S</u> R. <u>26</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>989</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: <u>Decatur</u>	
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)			
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: <u>2</u> No. of loads <u>260</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:			
Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)			
Operator Name: <u>Dan Haffner</u>		Date of Waste Transfer: <u>8/18/2014</u>	
Lease Name: <u>Haffner #1</u>		License No.: <u>32593</u>	
Docket No./API No.: <u>D31 42/15-179-212-41001</u>		Sec. <u>18</u> Twp. <u>9S</u> R. <u>27</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Comments:		County: <u>Sheridan</u>	
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
Date: <u>9/2/2014</u>	Signature: 	Title: <u>VP</u>	Received KANSAS CORPORATION COMMISSION SEP 04 2014