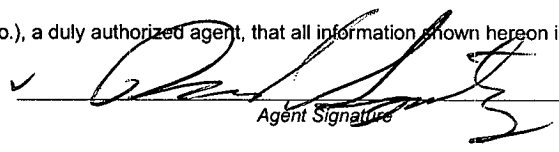


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: CEP MID CONTINENT LLC		License Number: 34027	
Operator Address: 15 WEST 6TH ST. SUITE 1400			
Contact Person: DAVID SPITZ, ENGINEERING MGR.		Phone Number: (918) 877 - 2923	
Permit Number (API No. if applicable): 125-31847 0800		Lease Name: FELTS	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <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		Well Number: 22-2 Source Location (QQQQ): <u>SW</u> - <u>SW</u> - <u>NW</u> - <u>NE</u> Sec. <u>22</u> Twp. <u>33</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1099</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2525</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section MONTGOMERY 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: <u>12</u> No. of loads <u>1440</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: <u>Oklahoma</u>		Date of Waste Transfer: <u>2-22-09</u>	
Operator Name: GRAYSON OPERATING LLC		License No.: <u>260505</u>	
Lease Name: ALICE SHEETS A1		Sec. <u>11</u> Twp. <u>28N</u> R. <u>13</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>147-08716</u>		County: _____	
Comments:			
KANSAS CORPORATION COMMISSION MAY 08 2009 RECEIVED			
The undersigned hereby certifies that he / she is _____ for _____ (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 _____ day of _____ My Commission Expires: _____ <div style="text-align: right;">_____ Notary Public</div>			