

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: <u>SAMUEL GARY JR & ASSOCIATES, INC.</u>	License Number: <u>3882</u>
Operator Address: <u>1560 BROADWAY, SUITE 2100 DENVER, CO 80202</u>	
Contact Person: <u>TOM FERTAL</u>	Phone Number: <u>(303) 831-4673</u>
Permit Number (API No. if applicable): <u>15-159-22579-0000</u>	Lease Name: <u>SITTNER</u>
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: <u>2-16</u> Source Location (QQQQ): _____ - _____ - <u>SW</u> - <u>NE</u> Sec. <u>16</u> Twp. <u>18</u> S. R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1760</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1440</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>RICE</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: <u>6</u> No. of loads <u>480</u> Barrels _____ Tons _____ YDS	
Destination of waste: <input type="checkbox"/> Reserve 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:	Date of Waste Transfer: <u>8/18/2008</u>
Operator Name: <u>SAMUEL GARY JR. & ASSOCIATES, INC.</u>	License No. <u>3882</u>
Lease Name: <u>MATTHAEI TRUST 2-19 SWD</u>	Sec. <u>19</u> Twp. <u>18</u> S. R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No. <u>D - 28897</u>	County: <u>RICE</u>

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 16 2008
CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is <u>SR. GEOLOGIST</u> for <u>SAMUEL GARY JR & ASSOCIATES</u> _____ (CO.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.	_____ <i>Thomas J Fertal</i> Agent Signature
Subscribed and sworn to before me on this <u>14TH</u> day of <u>OCTOBER</u> , <u>2008</u> .	_____ <i>Kristal Taylor</i> Notary Public
My Commission Expires: <u>5/5/09</u> My Commission Expires <u>5/05/2009</u>	