

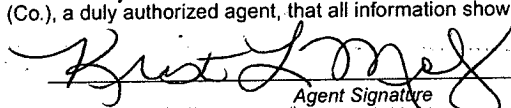
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Chieftain Oil Co., Inc</b>		License Number: <b>33235</b>	
Operator Address: <b>P.O. Box 124 Kiowa, KS 67070</b>			
Contact Person: <b>Ron Molz</b>		Phone Number: ( <b>620</b> ) <b>825 - 4030</b>	
Permit Number (API No. if applicable): <b>15-007-23333-0000</b>		Lease Name: <b>Mott</b>	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b>  Source Location (QQQQ): <u>SW</u> - <u>NE</u> - <u>NE</u> - <u>NE</u> Sec. <u>8</u> Twp. <u>35</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>400</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>419</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Barber 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>10</u> No. of loads <u>1000</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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>08/13/2008</u>	
Operator Name: <u>Molz Oil Co., Inc</u>		License No.: <u>6006</u>	
Lease Name: <u>Garner SWD</u>		Sec. <u>11</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D 28060.0</u>		County: <u>Barber</u>	
Comments:			

RECEIVED  
KANSAS CORPORATION COMMISSION  
  
**SEP 04 2008**  
  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Secretary</u>	
for <u>Chieftain Oil Co., Inc.</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>2</u> day of <u>September</u> , <u>2008</u>	
 _____ Amanda Con Notary Public	
My Commission Expires: <u>4/11/2011</u>	