

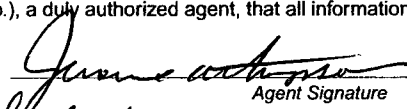
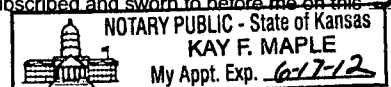
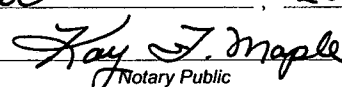
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Thompson oil company</b>		License Number: <b>32073</b>	
Operator Address: <b>2260 North Dakota road lola Kansas 66749</b>			
Contact Person: <b>Jerome Thompson</b>		Phone Number: ( <b>620</b> ) <b>363 - 1045</b>	
Permit Number (API No. if applicable): <b>001-29797-0000</b>		Lease Name: <b>Monfort</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>18</b>	
		Source Location (QQQQ): <b>ne - sw - ne -</b> Sec. <b>15</b> Twp. <b>24</b> R. <b>18</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>3485</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>3785</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ 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>10</b> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: <b>next well to be drilled</b>			
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: <b>08-26-2008</b>	
Operator Name: <b>Thompson oil company</b>		License No.: <b>32073</b>	
Lease Name: <b>Monfort</b>		Sec. <b>15</b> Twp. <b>24</b> R. <b>18</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <b>E 05670.3</b>		County: <b>Allen</b>	
Comments:			

RECEIVED  
KANSAS CORPORATION COMMISSION  
**SEP 10 2008**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>OWNER</u>	
for <u>Thompson oil</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>5th</u> day of <u>September</u> , <u>2008</u>	 _____ Agent Signature
 My Commission Expires: <u>6-17-12</u>	 _____ Notary Public