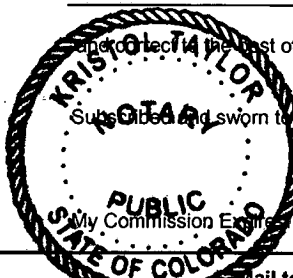


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>SAMUEL GARY JR &amp; ASSOCIATES, INC.</b>	License Number: <b>3882</b>
Operator Address: <b>1560 BROADWAY, SUITE 2100 DENVER, CO 80202</b>	
Contact Person: <b>TOM FERTAL</b>	Phone Number: <b>(303) 831-4673</b>
Permit Number (API No. if applicable): <b>15-009-25185-0000</b>	Lease Name: <b>REIF</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>2-10</b> Source Location (QQQQ): <b>_____ - SW - SW - SE</b> Sec. <b>10</b> Twp. <b>17</b> S. R. <b>12</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1850</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>660</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>BARTON</b> 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: <b>3</b> No. of loads <b>240</b> 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: <b>7/3/2008</b>
Operator Name: <b>SAMUEL GARY JR. &amp; ASSOCIATES, INC.</b>	License No. <b>3882</b>
Lease Name: <b>MATTHAEI TRUST 2-19 SWD</b>	Sec. <b>19</b> Twp. <b>18</b> S. R. <b>9</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No. <b>D - 28897</b>	County: <b>RICE</b>
RECEIVED KANSAS CORPORATION COMMISSION  <b>AUG 25 2008</b>  CONSERVATION DIVISION WICHITA, KS	
The undersigned hereby certifies that he / she is <u>SR. GEOLOGIST</u> for <u>SAMUEL GARY JR &amp; 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.	
	
Subscribed and sworn to before me on this <u>21<sup>ST</sup></u> day of <u>AUGUST</u> , 2008.	
_____ Agent Signature	
_____ Notary Public	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

My Commission Expires 5/05/2009