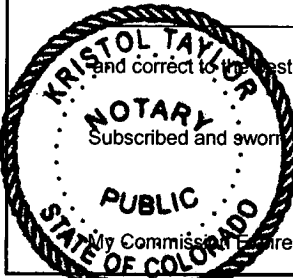


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

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>15-009-25226-0000</u>		Lease Name: <u>GREG HEKELE</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>1-25</u> Source Location (QQQQ): <u> </u> - SW - SW - SE Sec. <u>25</u> Twp. <u>17</u> S. R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2050</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>BARTON</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>5</u> No. of loads <u>400</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>7/16/2008</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 AUG 25 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.			
 Subscribed and sworn to before me on this <u>21ST</u> day of <u>AUGUST</u> , 2008.		_____ <i>Thomas J Fertal</i> Agent Signature	
		_____ <i>Marta Lopez</i> Notary Public	
My Commission Expires: _____			