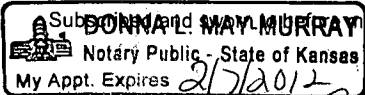


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: CMX, Inc.		License Number: 3532	
Operator Address: 1551 N. Waterfront Parkway, Suite 150, Wichita, KS 67206			
Contact Person: Douglas H. McGinness II		Phone Number: (316) 269 - 9052	
Permit Number (API No. if applicable): 15-047-21584-0000		Lease Name: Crockett	
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: A-1 Source Location (QQQQ): NW - SW - SE - Sec. 26S Twp. 26S R. 17 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 990 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2310' Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Edwards 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 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 type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: 11/6, 11/9, 11/12, 11/13/08	
Operator Name: Oil Producers, Inc. of Kansas		License No.: 8061	
Lease Name: Palmitier SWD		Sec. 16th Twp. 25S R. 16th <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D-20983		County: Edwards	
Comments:			
<p>KANSAS CORPORATION COMMISSION APR 13 2009 RECEIVED</p>			
The undersigned hereby certifies that he / she is <u>President</u> for <u>CMX, 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 on this <u>10th</u> day of <u>April</u> , <u>2009</u>  My Commission Expires: <u>2/7/2012</u>		<u>Donna L. May Murray</u> Agent Signature <u>Donna L. May Murray</u> Notary Public	