

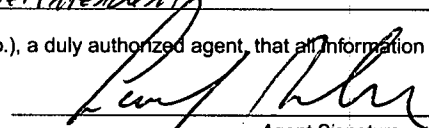
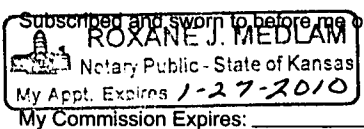
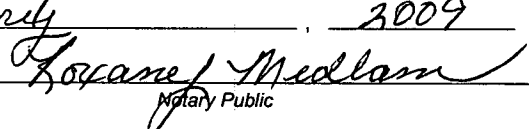
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Howell Oil Co. Inc.</b>		License Number: <b>5091</b>
Operator Address: <b>2400 Riverbirch Rd. Hutchinson, KS. 67502</b>		
Contact Person: <b>Larry Ressler</b>		Phone Number: ( <b>620</b> ) <b>664 - 0597</b>
Permit Number (API No. if applicable): <b>155-21536-00-00</b>		Lease Name: <b>Sabin</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>4</b> Source Location (QQQQ): <b>W2 - SE - SW -</b> Sec. <b>13</b> Twp. <b>23S</b> R. <b>4</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>610</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1650</b> Feet from <input type="checkbox"/> East / <input checked="" 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: <u>5</u> No. of loads <u>200</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 checked="" 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>9-27-2008</b>
Operator Name: <b>Howell Oil Co., Inc.</b>		License No.: <b>5091</b>
Lease Name: <b>Sabin B # 9</b>		Sec. <b>13</b> Twp. <b>23S</b> R. <b>4</b> <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: <b>E-27831, /</b>		County: <b>Reno</b>
Comments:		

RECEIVED  
KANSAS CORPORATION COMMISSION  
**JAN 14 2009**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Superintendent</u>	
for <u>Howell 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.	
	 _____ Agent Signature
Subscribed and sworn to before me on this <u>13</u> day of <u>January</u> , <u>2009</u>	
 ROXANE J. MEDLAM Notary Public - State of Kansas My Appt. Expires <u>1-27-2010</u> My Commission Expires: <u>1-27-2010</u>	 _____ Notary Public