

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Lachenmayr Oil LLC.</b>		License Number: <b>6804</b>
Operator Address: <b>P.O. Box 526</b>		
Contact Person: <b>John Lachenmayr</b>		Phone Number: ( <b>316</b> ) <b>283 - 5585</b>
Permit Number (API No. if applicable): <b>173-20684-00-01</b>		Lease Name: <b>Newton</b>
Source of Waste:		Well Number: <b>1</b>
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" 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		Source Location (QQQQ): <b>NE - SW - NE -</b> Sec. <b>12</b> Twp. <b>26S</b> R. <b>1</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>1650</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Sedgwick</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>2</b> No. of loads    _____ 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: <b>9/25,26,27, 10/10,28, 12/11</b>
Operator Name: <b>Lachenmayr Oil LLC.</b>		License No.: <b>6804</b>
Lease Name: <b>Reed</b>		Sec. <b>1</b> Twp. <b>26S</b> R. <b>1</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>24-364</b>		County: <b>Sedgwick</b>
Comments:		

RECEIVED  
KANSAS CORPORATION COMMISSION  
**JAN 21 2009**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is Manager  
for Lachenmayr Oil LLC (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 20th day of Jan. 2009  
John Lach  
Agent Signature  
Barbara L. Brown  
Notary Public  
My Commission Expires: 10-11-10

**BARBARA L. BROWN**  
Notary Public - State of Kansas  
Expires Oct. 11, 2010