

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

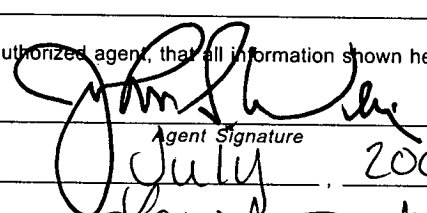
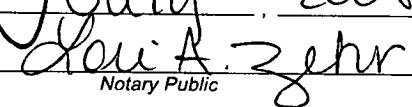
Form CDP-5
August 2004
Form must be Typed

Operator Name: <u>Oil Producers Inc. of Kansas</u>		License Number: <u>8061</u>
Operator Address: <u>1710 Waterfront Parkway, Wichita, KS 67206</u>		
Contact Person: <u>Lori Zehr</u>		Phone Number: (<u>316</u>) <u>681</u> - <u>0231</u>
Permit Number (API No. if applicable): <u>15-025-21427-00-00</u>		Lease Name: <u>Bouziden Brothers</u>
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: <u>#1-29</u>
		Source Location (QQQQ): <u> </u> - <u>NW</u> - <u>NW</u> - <u>SE</u> Sec. <u>29</u> Twp. <u>30</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Clark</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>2</u> No. of loads <u>560</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>11/16/2007</u>
Operator Name: <u>Oil Producers Inc. of Kansas</u>		License No.: <u>8061</u>
Lease Name: <u>Rich #9 SWD</u>		Sec. <u>22</u> Twp. <u>32</u> R. <u>19</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-28178</u>		County: <u>Comanche</u>

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 22 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that <u>she</u> is <u>President</u> for <u>Oil Producers Inc. of Kansas</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of <u>her</u> knowledge and belief.	
Subscribed and sworn to before me on this <u>18th</u> day of _____	 _____ Agent Signature
My Commission Expires: <u>5/5/10</u>	 _____ Notary Public