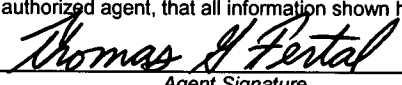



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: SAMUEL GARY JR & ASSOCIATES, INC.	License Number: 3882										
Operator Address: 1560 BROADWAY, SUITE 2100 DENVER, CO 80202											
Contact Person: TOM FERTAL	Phone Number: (303) 831-4673										
Permit Number (API No. if applicable): 15-159-22570-0000	Lease Name: KAISER TRUST										
Source of Waste: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Dike</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Spill / Escape</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td></td> </tr> </table>	<input type="checkbox"/> Dike	<input type="checkbox"/> Settling Pit	<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Drilling Pit	<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Haul-off Pit	<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Spill / Escape	<input type="checkbox"/> Steel Pit		Well Number: 1-4
	<input type="checkbox"/> Dike	<input type="checkbox"/> Settling Pit									
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Drilling Pit										
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Haul-off Pit										
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Spill / Escape										
<input type="checkbox"/> Steel Pit											
	Source Location (QQQQ): <u> </u> - N/2 - N/2 - SE Sec. <u> 4 </u> Twp. <u> 18 </u> S. R. <u> 10 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 2260 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 1300 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> </u> RICE <u> </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> 4 </u> No. of loads <u> 320 </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> 6/24/2008 </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 04 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.	 _____ Agent Signature
Subscribed and sworn to before me on this <u> 31ST </u> day of <u> JULY </u> , <u> 2008 </u> .	 _____ Notary Public
My Commission Expires: _____	