

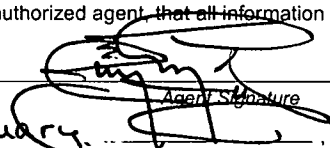
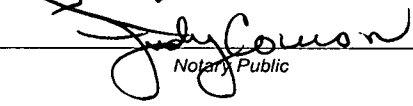
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form GDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>MOLZ OIL COMPANY</b>		License Number: <b>6006</b>	
Operator Address: <b>19159 SW Clairmont KIOWA, KANSAS 67070</b>			
Contact Person: <b>JIM MOLZ</b>		Phone Number: ( <b>620</b> ) <b>296 - 4558</b>	
Permit Number (API No. if applicable) <b>15 007-23375-0000</b>		Lease Name: <b>MOLZ 1-2-3</b>	
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 checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>#10</b> Source Location (QQQQ): <b>SE - SE - - - -</b> Sec. <b>31</b> Twp. <b>34S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>850</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>412</b> Feet from <input checked="" type="checkbox"/> East / <input 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    _____ 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>12/05/08</b>	
Operator Name: <b>MOLZ OIL COMPANY</b>		License No.: <b>6006</b>	
Lease Name: <b>MOLZ #3</b>		Sec. <b>6</b> Twp. <b>35S</b> R. <b>11W</b> <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <del>D9774</del> <b>D19146.0</b>		County: <b>BARBER</b>	
Comments:			

RECEIVED  
KANSAS CORPORATION COMMISSION  
**FEB 11 2009**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>President</u>	
for <u>Molz Oil Co.</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 before me on this <u>6<sup>th</sup></u> day of <u>February</u> , 2009	 _____ Agent Signature
My Commission Expires _____	 _____ Notary Public

NOTARY PUBLIC - State of Kansas  
**JUDY COURSON**  
My Appt. Expires **12/23/12**