

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

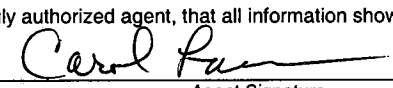
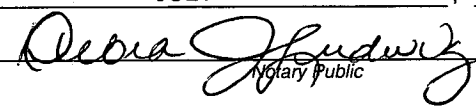
Form CDP-5
August 2004
Form must be Typed

Operator Name: LARSON ENGINEERING, INC.	License Number: 3842
Operator Address: 562 WEST HIGHWAY 4 OLMITZ, KS 67564-8561	
Contact Person: TOM LARSON	Phone Number: (620) 653-7368
Permit Number (API No. if applicable): 15-135-24755-00-00	Lease Name: SLAGLE
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 type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape	Well Number: 1-28 Source Location (QQQQ): SW - NW - SE - NW Sec. 28 Twp. 20 S. R. 26 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1708 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 1404 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ NESS _____ 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: _____ No. of loads 60 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: 3/21/2008
Operator Name: WHITETAIL CRUDE, INC.	License No. 31627
Lease Name: EKEY SWD	Sec. 21 Twp. 19 S. R. 24 <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No. D26,517	County: NESS

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 03 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is <u>SECRETARY/TREASURER</u> for <u>LARSON ENGINEERING, 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>2ND</u> day of <u>JULY</u> , <u>2008</u> .	
My Commission Expires:	 _____ Notary Public
