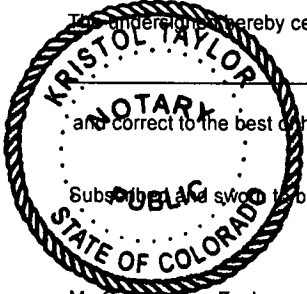
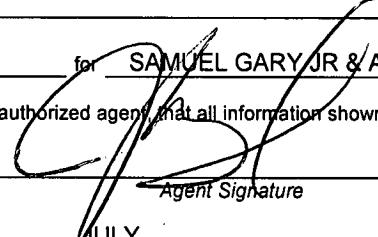



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <u>SAMUEL GARY JR &amp; ASSOCIATES, INC.</u>		License Number: <u>3882</u>	
Operator Address: <u>1560 BROADWAY, SUITE 2100 DENVER, CO 80202</u>			
Contact Person: <u>TOM FERTAL</u>		Phone Number: <u>(303) 831-4673</u>	
Permit Number (API No. if applicable): <u>15-009-25184-0000</u>		Lease Name: <u>JACOBS</u>	
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: <u>1-36</u> Source Location (QQQQ): <u>      </u> - NE - SE - NW Sec. <u>36</u> Twp. <u>17</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1600</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2310</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>BARTON</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>6</u> No. of loads <u>480</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>05/16/2008</u>	
Operator Name: <u>SAMUEL GARY JR. &amp; 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  
**JUL 07 2008**  
CONSERVATION DIVISION  
WICHITA, KS

 <p>I, the undersigned, hereby certifies that he / she is _____ GEOLOGIST for <u>SAMUEL GARY JR &amp; 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.</p> <p>Subscribed and sworn to before me on this <u>3 RD</u> day of _____ JULY _____ 2008</p> <p>My Commission Expires <u>5/5/09</u> My Commission Expires 5/05/2009</p>	<p style="text-align: center;">                   _____                  Agent Signature             </p> <p style="text-align: center;">                   _____                  Notary Public             </p>
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