

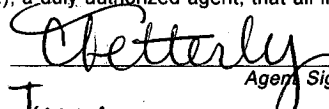
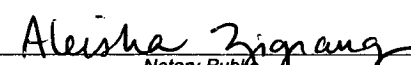
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Mid-Continent Fractionation &amp; Storage, LLC</b>		License Number: <b>33471</b>
Operator Address: <b>PO Box 21628 Tulsa, OK 74172</b>		
Contact Person: <b>Pat Rice</b>		Phone Number: <b>( 918 ) 573 - 0419</b>
Permit Number (API No. if applicable): <b>15-113-21326-00-00</b>		Lease Name: <b>Conway</b>
Source of Waste: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Emergency Pit  <input type="checkbox"/> Workover Pit  <input type="checkbox"/> Burn Pit  <input type="checkbox"/> Steel Pit         </div> <div> <input type="checkbox"/> Dike  <input type="checkbox"/> Settling Pit  <input checked="" type="checkbox"/> Drilling Pit  <input type="checkbox"/> Haul-off Pit  <input type="checkbox"/> Spill / Escape         </div> </div>		Well Number: <b>17A</b>  Source Location (QQQQ): <b>NW - NE - NE -</b> Sec. <b>23</b> Twp. <b>19</b> R. <b>5</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>203</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1122</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>McPherson</b> County
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: _____ No. of loads <b>160</b> Barrels _____ Tons _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input checked="" 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>08/20&amp;21/07</b>
Operator Name: <b>Schulz Welding Service, Inc. DBA Schulz Oil and Gas, Inc.</b>		License No.: <b>5172</b>
Lease Name: _____		Sec. <b>25</b> Twp. <b>20</b> R. <b>6</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: _____		County: <b>McPherson</b>

RECEIVED  
KANSAS CORPORATION COMMISSION  
  
**JUL 09 2008**  
  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <b>Project Coordinator</b> for <b>Mesa Corrosion Control</b> (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 <b>16th</b> day of <b>June</b> , <b>2008</b>	 Agent Signature
My Commission Expires: <b>11/28/09</b>	 Notary Public