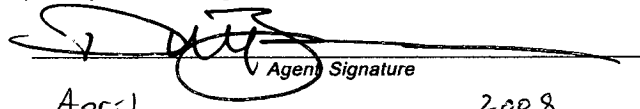
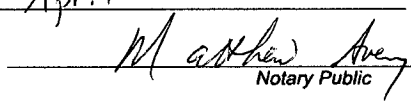


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

| | | | |
|---|--|---|--|
| Operator Name: OKT Resources, LLC | | License Number: 33523 | |
| Operator Address: 1900 East 15th, Building 600, Suite C, Edmond, OK 73003 | | | |
| Contact Person: David Boyce | | Phone Number: (405) 285 - 1140 | |
| Permit Number (API No. if applicable): 15-171-20682-0000 | | Lease Name: Harkness | |
| Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape | | Well Number: #1-22 | |
| | | Source Location (QQQQ): SE - NE - NW - | |
| | | Sec. 22 Twp. 19S R. 31W <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1155' Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 2310' Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ County | |
| Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: None present per conversation w/KCC | | | |
| Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS | | | |
| Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: n/a | | | |
| 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: _____ | |
| Operator Name: _____ | | License No.: _____ | |
| Lease Name: _____ | | Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West | |
| Docket No.: _____ | | County: _____ | |

RECEIVED
KANSAS CORPORATION COMMISSION
APR 21 2008
CONSERVATION DIVISION
WICHITA, KS

| | |
|--|--|
| The undersigned hereby certifies that he / she is <u>Manager</u> | |
| for <u>OKT Resources, LLC</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 |  _____ Notary Public |
| Subscribed and sworn to before me on this <u>16th</u> day of <u>April</u> , 2008. | |
| My Commission Expires: <u>4/11/2010</u> | |

