

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

NOV 30 2007

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

CONSERVATION DIVISION  
WICHITA, KS

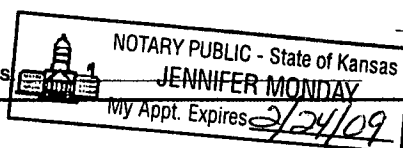
Operator Name: <b>John A. Elmore</b>		License Number: <b>5970</b>	
Operator Address: <b>776 HWY 99</b>			
Contact Person: <b>John A. Elmore</b>		Phone Number: ( <b>620</b> ) <b>249 - 2519</b>	
Permit Number (API No. if applicable): <b>019-26807 0089</b>		Lease Name: <b>AP</b>	
Source of Waste: <input 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 type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>36</b> Source Location (QQQQ): _____ - _____ - <b>NW</b> - <b>NW</b> Sec. <b>5</b> Twp. <b>34</b> R. <b>12</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>800</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>660</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Chautauqua</b> 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>1</u> No. of loads <u>80</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>8-15-07</u>	
Operator Name: <b>John A. Elmore</b>		License No.: <b>5970</b>	
Lease Name: <b>Casement</b>		Sec. <b>6</b> Twp. <b>34</b> R. <b>11</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <b>E21275</b>		County: <b>Chautauqua</b>	

The undersigned hereby certifies that he / she is John A. Elmore  
for John A. Elmore (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief.

*John A. Elmore*  
Agent Signature

Subscribed and sworn to before me on this 29<sup>th</sup> day of November, 2007.

*Jennifer Monday, CSK FWS*  
Notary Public



My Commission Expires