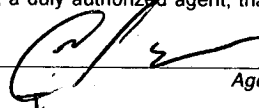
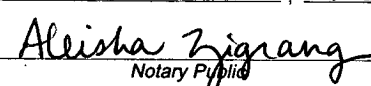


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>Magellan Pipeline Company, LP</b>		License Number: <b>33883</b>
Operator Address: <b>One Williams Center</b>		
Contact Person: <b>Greg Royal</b>		Phone Number: ( <b>918</b> ) <b>574 - 7398</b>
Permit Number (API No. if applicable): <b>209-20073-0000</b>		Lease Name: <b>ELD to K.C.</b>
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: <b>6-10"</b>  Source Location (QQQQ): <b>NW - NW - NW -</b> Sec. <b>3</b> Twp. <b>11</b> R. <b>23</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>326</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>45</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Wyandotte</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>87</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>6/3/08</b>
Operator Name: <b>Romac Liquid Waste Disposal System, LLC</b>		License No.: <b>KSR000503789</b>
Lease Name: _____		Sec. <b>28</b> Twp. <b>10</b> R. <b>28</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
Docket No.: _____		County: <b>Wyandotte</b>

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**JUL 14 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>19th</b> day of <b>June</b> , <b>2008</b>	 _____ Agent Signature
My Commission Expires: <b>11/28/09</b>	 _____ Notary Public