

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>CMX, Inc.</b>		License Number: <b>3532</b>
Operator Address: <b>1551 N. Waterfront Parkway, Suite 150, Wichita, KS 67206</b>		
Contact Person: <b>Douglas H. McGinness II</b>		Phone Number: ( <b>316</b> ) <b>269 - 9052</b>
Permit Number (API No. if applicable): <b>15-007-23259-0000</b>		Lease Name: <b>Chain Ranch</b>
Source of Waste:		Well Number: <b>5</b>
<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 checked="" type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): _____ Sec. <u>1</u> Twp. <u>31</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1750</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>440</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barber</u> County

Type of waste to be disposed:  Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste: 10 No. of loads    830 Barrels    \_\_\_\_\_ Tons    \_\_\_\_\_ YDS

Destination of waste:  Reserve Pit     Disposal Well     Lease Road     Dike / Berm     Other: \_\_\_\_\_

If waste is transferred to another reserve pit, is the lease active?  Yes     No

Location of waste disposal: \_\_\_\_\_ Date of Waste Transfer: 3/10,11,12,21,26 & 28

Operator Name: Bemco License No.: 32613

Lease Name: Mac SWD Sec. 25 Twp. 32S R. 12  East  West

Docket No.: CD-78217 County: Barber

RECEIVED  
KANSAS CORPORATION COMMISSION  
  
**JUN 03 2008**  
  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is President  
for CMX, Inc. (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 30th day of May 2008

*[Signature]*  
Agent Signature

*[Signature]*  
Notary Public

**DONNA L. MAY-MURRAY**  
Notary Public - State of Kansas  
My Appt. Expires 7/2012

My Commission Expires \_\_\_\_\_