

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed


**EXPLORATION & PRODUCTION WASTE TRANSFER**

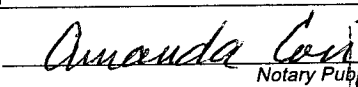
Operator Name: <b>Chieftain Oil Co., Inc</b>		License Number: <b>33235</b>
Operator Address: <b>P.O. Box 124 Kiowa, KS 67070</b>		
Contact Person: <b>Ron Molz</b>		Phone Number: <b>( 620 ) 825 - 4030</b>
Permit Number (API No. if applicable): <b>15-007-23268-0000</b>		Lease Name: <b>Donna</b>
Source of Waste:		Well Number: <b>1</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 type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <b>SW - NE - SW - NW</b> Sec. <b>3</b> Twp. <b>32S</b> R. <b>10</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>3437</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>715</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Barber</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>10</u> No. of loads <u>1000</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 checked="" type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <u>03-28-2008</u>
Operator Name: <u>Molz Oil Co., Inc</u>		License No.: <u>6006</u>
Lease Name: <u>Garner SWD</u>		Sec. <u>11</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D 28060,0</u>		County: <u>Barber</u>

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

The undersigned hereby certifies that he / she is Vice President  
for Chieftain Oil Co., 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 7th day of April, 2008

  
 Agent Signature

  
 Notary Public

My Commission Expires: 4-11-2011

NOTARY PUBLIC - State of Kansas  
**AMANDA CORR**  
 My Appt Expires 4/11/11