

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

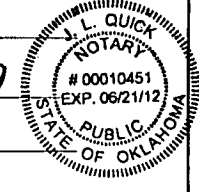
EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: REDLAND RESOURCES, INC.		License Number: 32204	
Operator Address: 6001 NW 23RD STREET, OKLAHOMA CITY, OK 73127			
Contact Person: ALAN THROWER		Phone Number: (405) 789 - 7104	
Permit Number (API No. if applicable): 15-033-21556-00-00		Lease Name: GRAY	
Source of Waste:		Well Number: 35-1	
<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): _____ - _____ - NE - NE Sec. 35 Twp. 31S R. 18 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 331 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 332 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section COMANCHE 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: _____ No. of loads 420 Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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: 06/08 & 19/09	
Operator Name: OIL PRODUCERS, INC. OF KS		License No.: 8061	
Lease Name: RICH C-9 SWD		Sec. 22 Twp. 32S R. 19 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D-28178		County: COMANCHE	
Comments:			

KANSAS CORPORATION COMMISSION

JUL 30 2009

RECEIVED

The undersigned hereby certifies that he / she is _____	
for _____ (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 24TH day of JULY	Agent Signature _____ 2009
My Commission Expires: 6/21/12	 _____ Notary Public