



KANSAS CORPORATION COMMISSION 1025344  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Chieftain Oil Co., Inc.</b>		License Number: <b>33235</b>	
Operator Address: <b>605 S. 6th; PO Box 124 KIOWA KS 67070 1912</b>			
Contact Person: <b>Ron molz</b>		Phone Number: ( <b>620</b> ) <b>825 - 4030</b>	
Permit Number (API No. if applicable): <b>15-007-23405-0000</b>		Lease Name: <b>Jimmie Mack</b>	
Source of Waste:		Well Number: <b>4</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): <u>  <b>NW</b>  </u> - <u>  <b>SW</b>  </u> - <u>  <b>SE</b>  </u> - <u>  <b>NW</b>  </u> Sec. <u>  <b>21</b>  </u> Twp. <u>  <b>34</b>  </u> R. <u>  <b>11</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>2120</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1375</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Barber</b>  </u> 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>  <b>10</b>  </u> No. of loads <u>  <b>1000</b>  </u> 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: <u>  <b>12/27/2008</b>  </u>	
Operator Name: <u>  <b>Molz Oil Company</b>  </u>		License No.: <u>  <b>6006</b>  </u>	
Lease Name: <u>  <b>GARNER ZAPPIA</b>  </u>		Sec. <u>  <b>11</b>  </u> Twp. <u>  <b>33</b>  </u> R. <u>  <b>10</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>15-007-00572-0001</b>  </u> <u>  <b>D28060.0</b>  </u>		County: <u>  <b>Barber</b>  </u>	
Comments:			
<p><i>Rudd 7-30-09</i></p> <p>Submitted Electronically</p>			