

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

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>SAMUEL GARY JR &amp; ASSOCIATES, INC.</b>	License Number: <b>3882</b>
Operator Address: <b>1560 BROADWAY, SUITE 2100 DENVER, CO 80202</b>	
Contact Person: <b>TOM FERTAL</b>	Phone Number: <b>(303) 831-4673</b>
Permit Number (API No. if applicable): <b>15-159-22538-0000</b>	Lease Name: <b>STUMPS</b>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	Well Number: <b>2-4</b> Source Location (QQQQ): _____ - N/2 - S/2 - SW Sec. <u>4</u> Twp. <u>18</u> S. R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>990</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1350</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ <b>RICE</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>2</u> No. of loads <u>160</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 type="checkbox"/> No	
Location of waste disposal:	Date of Waste Transfer: <u>11/14/2007</u>
Operator Name: <u>SAMUEL GARY JR. &amp; ASSOCIATES, INC.</u>	License No. <u>3882</u>
Lease Name: <u>MATTHAEI TRUST 2-19 SWD</u>	Sec. <u>19</u> Twp. <u>18</u> S. R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No. <u>D - 28897</u>	County: <u>RICE</u>

RECEIVED  
KANSAS CORPORATION COMMISSION

**JAN 14 2008**

CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>SR. GEOLOGIST</u> for <u>SAMUEL GARY JR &amp; ASSOCIATES</u>	
_____ (CO.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.	
_____ Agent Signature	
Subscribed and sworn to before me on this <u>10 TH</u> day of _____, <u>JANUARY</u> , 2008.	
_____ Notary Public	
My Commission Expires: _____	

Mail to: KCC - Conservation Division, 130 S. Meade - Room 478, Wichita, Kansas 67202

My Commission Expires 5/05/2009