

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Mai Oil Operations, Inc.</b>		License Number: <b>5259</b>
Operator Address: <b>P.O. Box 33, Russell, Ks. 67665</b>		
Contact Person: <b>Allen Bangert</b>		Phone Number: ( <b>785</b> ) <b>483 - 2169</b>
Permit Number (API No. if applicable): <b>15-009-25297-0000</b>		Lease Name: <b>Stoss</b>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b>
		Source Location (QQQQ): <u>      </u> - <u>  </u> <b>NW</b> - <u>  </u> <b>SW</b> - <u>  </u> <b>NE</b> Sec. <u>  </u> <b>1</b> Twp. <u>  </u> <b>18</b> R. <u>  </u> <b>15</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  </u> <b>1500</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  </u> <b>2150</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  </u> <b>Barton</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>  </u> <b>1</b> No. of loads <u>  </u> <b>80</b> 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>  </u> <b>07/01/2009</b>
Operator Name: <b>Mai Oil Operations, Inc.</b>		License No.: <b>5259</b>
Lease Name: <b>Nuss</b>		Sec. <u>  </u> <b>33</b> Twp. <u>  </u> <b>15</b> R. <u>  </u> <b>14</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>D-28763</b>		County: <b>Russell</b>
Comments:		
<p><b>RECEIVED</b> <b>SEP 15 2009</b> <b>KCC WICHITA</b></p>		
<p>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.</p> <p>Subscribed and sworn to before me on this <u>  </u> <b>14</b> day of <u>  </u> <b>September</b>, <u>  </u> <b>2009</b>.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>NOTARY PUBLIC - State of Kansas  <b>LORI CRATHORNE</b>            My Comm. Expires _____            My Appt. Expires <b>7-7-2010</b></p> </div> <div style="text-align: center;"> <p><i>Allen Bangert</i>            _____            Agent Signature</p> <p><i>Lori Crathorne</i>            _____            Notary Public</p> </div> </div>		