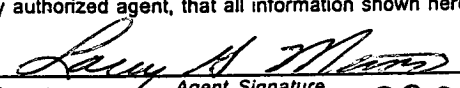
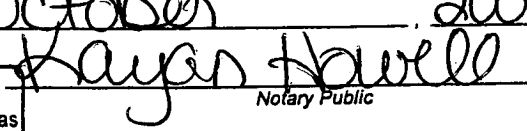


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: <u>A G V Corp.</u>		License Number: <u>5039</u>	
Operator Address: <u>P. O. Box 377 Attica, Ks 67009</u>			
Contact Person: <u>Larry G. Mans</u>		Phone Number: <u>(620) 254 - 7222</u>	
Permit Number (API No. if applicable): <u>15007234500000</u>		Lease Name: <u>Page</u>	
Source of Waste:		Well Number: <u>1-36</u>	
<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> </u> <u>N$\frac{1}{2}$</u> <u>-</u> <u>N$\frac{1}{2}$</u> <u>-</u> <u>S$\frac{1}{2}$</u> Sec. <u>36</u> Twp. <u>33</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2640</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barber</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>4</u> No. of loads <u>320</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 <u>NA</u>			
Location of waste disposal:		Date of Waste Transfer: <u>9/30/2009</u>	
Operator Name: <u>A G V Corp</u>		License No.: <u>5039</u>	
Lease Name: <u>Hospital #2</u>		Sec. <u>24</u> Twp. <u>32</u> R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-28,206</u>		County: <u>Harper</u>	

RECEIVED
OCT 23 2009
KCC WICHITA

The undersigned hereby certifies that he she is <u>Secretary</u>	
for <u>A G V Corp.</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>22</u> day of <u>October</u> , <u>2009</u> .	
 _____ Notary Public	
My Commission Expires: 