

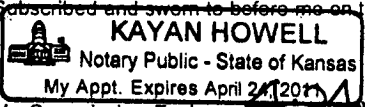
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

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</u> ) <u>254-7222</u>	
Permit Number (API No. if applicable): <u>15-007-23434-00-00</u>		Lease Name: <u>Harbaugh</u>	
Source of Waste: <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		Well Number: <u>#1-29</u>	
		Source Location (QQQQ): <u>E 1/2 SW SW SW</u> Sec. <u>29</u> Twp. <u>33</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>510</u> Feet from <input type="checkbox"/> East / <input checked="" 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>3</u> No. of loads <u>240</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			
Location of waste disposal:		Date of Waste Transfer: <u>7/6/2009</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 15 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.	
<u>Larry G Mans</u> Agent Signature	
Subscribed and sworn to before me on this <u>14</u> day of <u>October</u> , <u>2009</u>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div> <u>Kayan Howell</u> Notary Public	
My Commission Expires: <u>4-24-2011</u>	