

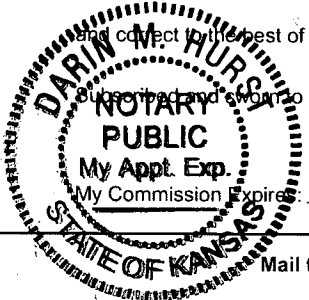
OCT 19 2009

Form CDP-5  
August 2008  
Must be Typed

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

CONSERVATION DIVISION  
WICHITA, KS

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>JASON OIL COMPANY LLC</b>		License Number: <b>33813</b>	
Operator Address: <b>P.O. BOX 701 RUSSELL KS 67665</b>			
Contact Person: <b>JAMES SCHOENBERGER</b>		Phone Number: ( <b>785</b> ) <b>483 - 4204</b>	
Permit Number (API No. if applicable): <b>15065235430000</b>		Lease Name: <b>TEEL</b>	
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: <b>1</b>	
Source Location (QQQQ): <b>C - N/2 - SW/4 -</b> Sec. <b>5</b> Twp. <b>8</b> R. <b>24</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>2030'</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1340'</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>GRAHAM</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: _____ No. of loads <b>800</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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <b>5-31-09</b>	
Operator Name: <b>AMERICAN WARRIOR</b>		License No.: <b>4058</b>	
Lease Name: <b>BLAZIER</b>		Sec. <b>27</b> Twp. <b>15</b> R. <b>25</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>E-27,336</b>		County: <b>GRAHAM</b>	
Comments:			
The undersigned hereby certifies that he / she is <u><b>MANAGER</b></u> for <u><b>JASON OIL CO LLC</b></u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. Subscribed and sworn to before me on this <u><b>16<sup>th</sup></b></u> day of <u><b>OCTOBER</b></u> , <u><b>2009</b></u>  <u><b>D. Hurst</b></u> Notary Public			