

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>JASON OIL COMPANY LLC</b>		License Number: <b>33813</b>	
Operator Address: <b>PO BOX 701 RUSSELL KS 67665</b>			
Contact Person: <b>JAMES SCHOENBERGER</b>		Phone Number: ( <b>785</b> ) <b>483</b> - <b>4204</b>	
Permit Number (API No. if applicable): <b>15-167235980000</b>		Lease Name: <b>REIN A</b>	
Source of Waste:		Well Number: <b>2</b>	
<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): <b>E/2 . W/2 . NE .</b> Sec. <b>22</b> Twp. <b>14</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1380</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>1620</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>RUSSELL</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: <b>12</b> No. of loads    _____ 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>10-10-09</b>	
Operator Name: <b>JASON OIL COMPANY LLC</b>		License No.: <b>33813</b>	
Lease Name: <b>STRACHAN</b>		Sec. <b>22</b> Twp. <b>14</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D28953</b>		County: <b>RUSSELL</b>	
Comments:			

RECEIVED  
DEC 11 2009  
KCC WICHITA

The undersigned hereby certifies that he / she is OPERATOR  
for JASON OIL CO. LLC (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 10<sup>th</sup> day of DECEMBER, 2009  
My Commission Expires: 9/19/2013

*James L Schoenberger*  
Agent Signature  
*D M Hurst*  
Notary Public

