



KANSAS CORPORATION COMMISSION 1033710
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Samuel Gary Jr. & Associates, Inc.		License Number: 3882	
Operator Address: 1515 WYNKOOP, STE 700 DENVER CO 80202			
Contact Person: TOM FERTAL		Phone Number: (303) 831 - 4673	
Permit Number (API No. if applicable): 15-051-25927-0000		Lease Name: M P JACOBS	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling 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: 1-31	
		Source Location (QQQQ): <u>NE</u> - <u>NE</u> - <u>SW</u> - <u>SE</u> Sec. <u>31</u> Twp. <u>15</u> R. <u>16</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1050</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1500</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ellis</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 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>11/23/2009</u>	
Operator Name: <u>Samuel Gary Jr. & Associates, Inc.</u>		License No.: <u>3882</u>	
Lease Name: <u>MATTHAEI TRUST</u>		Sec. <u>19</u> Twp. <u>18</u> R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D28897</u>		County: <u>RICE</u>	
Comments:			
<p>Submitted Electronically</p> <p style="text-align: right; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Rec'd 10/31/09</p>			