

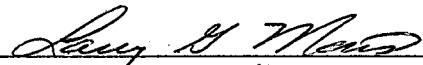

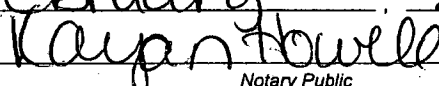
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
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) 254 - 7222</u>										
Permit Number (API No. if applicable): <u>15-077-21183-00-01</u>		Lease Name: <u>Joel</u>										
Source of Waste: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Dike</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input checked="" type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Spill / Escape</td> </tr> </table>		<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Dike	<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Settling Pit	<input type="checkbox"/> Burn Pit	<input checked="" type="checkbox"/> Drilling Pit	<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Haul-off Pit		<input type="checkbox"/> Spill / Escape	Well Number: <u>SWD</u>
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Dike											
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Settling Pit											
<input type="checkbox"/> Burn Pit	<input checked="" type="checkbox"/> Drilling Pit											
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Haul-off Pit											
	<input type="checkbox"/> Spill / Escape											
Source Location (QQQQ): <u>W<sup>1</sup>/<sub>2</sub> -NW -NE -NE</u> Sec. <u>6</u> Twp. <u>33</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>4950</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1005</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Harper</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 checked="" type="checkbox"/> No <u>NA</u>												
Location of waste disposal:		Date of Waste Transfer: <u>2-3-2010</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./API No.: <u>D-28,206</u>		County: <u>Harper</u>										
Comments:												

**RECEIVED**  
**FEB 19 2010**  
**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.	
Subscribed and sworn to before me on this <u>17</u> day of <u>February</u> , <u>2010</u>	 Agent Signature
 My Commission Expires _____	 Notary Public