

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Claassen Oil and Gas, Inc.</b>		License Number: <b>04951</b>	
Operator Address: <b>P.O. Box 417</b>			
Contact Person: <b>Dan Claassen</b>		Phone Number: <b>( 970 ) 586 - 1885</b>	
Permit Number (API No. if applicable): <b>15-119-21259-00-00</b>		Lease Name: <b>Ida Heinson</b>	
Source of Waste:		Well Number: <b>9</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>      - W/2 - SW - NE</b> Sec. <b>29</b> Twp. <b>33</b> R. <b>29</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1980</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2307</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Meade</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>375</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 type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <b>5/26/2010</b>	
Operator Name: <b>Dillco</b>		License No.: <b>6652</b>	
Lease Name: <b>Regier</b>		Sec. <b>17</b> Twp. <b>33</b> R. <b>27</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <b>D 21232</b>		County: <b>Meade</b>	
Comments:			
<p><b>RECEIVED</b> <b>JUN 23 2010</b> <b>KCC WICHITA</b></p>			
The undersigned hereby certifies that he / she is <u><b>Daniel R. Claassen</b></u> <b>President</b> for <u><b>CLAASSEN Oil and Gas, Inc</b></u> (Co.), a duly authorized agent, that all information shown herein is true and correct to the best of his / her knowledge and belief. <u><b>Daniel R. Claassen</b></u> Agent Signature			
Subscribed and sworn to before me on this <u><b>21</b></u> day of <u><b>June, 2010</b></u> <b>My Commission Expires January 10, 2011</b>			
My Commission Expires: _____ <u><b>Sandra Good</b></u> Notary Public			