

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER *AK*

Form CDP-5
August 2004
Form must be Typed

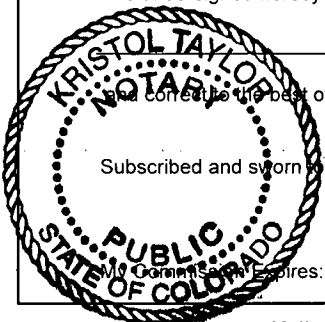
Operator Name: SAMUEL GARY JR & ASSOCIATES, INC.		License Number: 3882	
Operator Address: 1515 WYNKOOP, SUITE 700 DENVER, CO 80202			
Contact Person: TOM FERTAL		Phone Number: (303) 831-4673	
Permit Number (API No. if applicable): 15-159-22504-0900 22606 <i>22606</i>		Lease Name: ORTH	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: 4-5 Source Location (QQQQ): <u>E/2</u> - <u>SE</u> - <u>NE</u> - <u>NW</u> S. Sec. <u>5</u> Twp. <u>19</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>4290</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2889</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ RICE _____ 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>1</u> No. of loads <u>80</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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>3/6/2010</u>	
Operator Name: <u>SAMUEL GARY JR. & ASSOCIATES, INC.</u>		License No. <u>3882</u>	
Lease Name: <u>MATTHAEI TRUST 2-19 SWD</u>		Sec. <u>19</u> Twp. <u>18</u> S. R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No. <u>D - 28897</u>		County: <u>RICE</u>	

The undersigned hereby certifies that he / she is SR. GEOLOGIST for SAMUEL GARY JR & ASSOCIATES (CO.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.

Thomas G Fertal
Agent Signature

Subscribed and sworn to before me on this 29TH day of APRIL, 2010

Kristal Taylor
Notary Public



My Commission Expires: 5/11/2013

RECEIVED
MAY 03 2010