

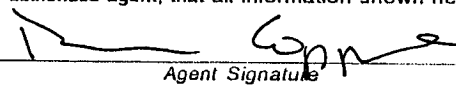
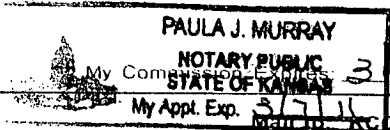
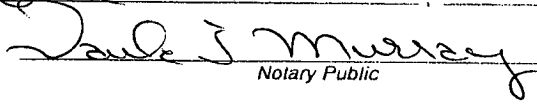
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>SCHOELLER OIL COMPANY</u>		License Number: <u>34335</u>	
Operator Address: <u>412 Oriole Lane Minneapolis, KS 67467</u>			
Contact Person: <u>Brandon Copple</u>		Phone Number: (<u>785</u>) <u>392 - 3358</u>	
Permit Number (API No. if applicable): <u>163-23,846-00-00</u>		Lease Name: <u>COPPLE</u>	
Source of Waste:		Well Number: <u>1</u>	
<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): <u> </u> - <u>SE</u> - <u>NW</u> - <u>NW</u> Sec. <u>32</u> Twp. <u>7S</u> R. <u>19W</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>920</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>990</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Rooks</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 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>1/25/2010</u>	
Operator Name: <u>WALLGREN OIL</u>		License No.: <u>3469</u>	
Lease Name: <u>SCHOELLER # 1 (SWD)</u>		Sec. <u>31</u> Twp. <u>7S</u> R. <u>19W</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-24587</u>		County: <u>Rooks</u>	

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 03 2010
CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is <u>Owner</u>	
for <u>Schoeller Oil 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>3</u> day of <u>June</u> 2010	 Agent Signature
	 Notary Public