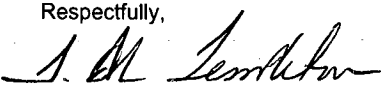

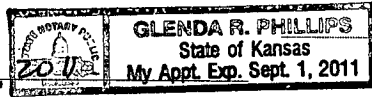



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Don Karst Well Service, Inc.		License Number: 6600
Operator Address: PO Box 863; 2319 East Hwy. 40 Russell, KS 67665		
Contact Person: Todd Alan Templeton (Alan)		Phone Number: (785) 483 - 4142
Permit Number (API No. if applicable): 15-065-02388 0000		Lease Name: Hayes A
Source of Waste: <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 type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: 2 (SWD) Source Location (QQQQ): <u> </u> - <u>AN</u> <u>SW</u> <u>SW</u> Sec. 22 Twp. 10s R. 21 <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>330</u> <u>998</u> Feet from <input checked="" type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>990</u> <u>5060</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Graham County
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: _____ No. of loads 80 Barrels _____ Tons _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <u>American Tank Service</u>		
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: 03-30-09
Operator Name: _____		License No.: _____
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
Docket No./API No.: 1506502388		County: _____
Comments: Kathy, As far as I can remember, American Tank Service hauled off the waste from this well/project. I honestly can't tell you where the waste was hauled to. I have filled this out to the best of my ability. If you have questions/comments please feel free to call me at the phone number listed above. Respectfully,  T. Alan Templeton		
RECEIVED SEP 16 2010 KCC WICHITA		
The undersigned hereby certifies that he / she is <u>VICE PRESIDENT</u> for <u>DON KARST WELL SERV. INC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.  Agent Signature		
Subscribed and sworn to before me on this <u>15th</u> day of <u>September</u> , <u>2010</u>		
My Commission Expires <u>Sept. 1, 2011</u> 		 Notary Public