

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

Form CDP-5  
August 2004  
Form must be Typed

07

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| Operator Name: <b>Kansas Gas Service</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | License Number: <b>6035</b>                                                                                        |  |
| Operator Address: <b>11401 West 89th Street Overland Park, KS 66214</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| Contact Person: <b>Jeff Josephson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Phone Number: <b>( 913 ) 599 - 8939</b>                                                                            |  |
| Permit Number (API No. if applicable): <b>5099-24183-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lease Name: <b>CP</b>                                                                                              |  |
| Source of Waste:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> <input type="checkbox"/> Spill / Escape                                                             |  | Well Number: <b>1</b>                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Source Location (QQQQ): <b>SW - NE - NW</b>                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Sec. <b>24</b> Twp. <b>31S</b> R. <b>19</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 841 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section           |  |
| 1495 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| Labette                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | County                                                                                                             |  |
| Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
| Amount of waste: <u>2</u> No. of loads <u>110</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: <b>04/16/07, 04/17/07</b>                                                                  |  |
| Operator Name: <b>Town Oil Company, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | License No.: <b>6142</b>                                                                                           |  |
| Lease Name: <b>E. A. Joeckel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Sec. <b>13</b> Twp. <b>17S</b> R. <b>22</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West |  |
| Docket No.: <b>E20671.1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | County: <b>Miami</b>                                                                                               |  |
| <b>RECEIVED</b><br><b>KANSAS CORPORATION COMMISSION</b><br><br><b>APR 30 2007</b><br><br><b>CONSERVATION DIVISION</b><br><b>WICHITA, KS</b>                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| The undersigned hereby certifies that he / she is <u>Scott A. Young</u><br>for <u>McLean's CP Installation, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true<br>and correct to the best of his / her knowledge and belief. _____<br>Agent Signature<br>Subscribed and sworn to before me on this <u>23</u> day of <u>April</u> , <u>2007</u><br><u>Michelle Deani Prescott</u><br>Notary Public<br>My Commission Expires: <u>02-15-2011</u> |  |                                                                                                                    |  |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

