

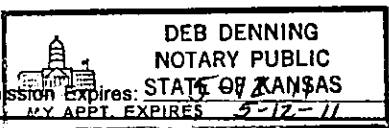
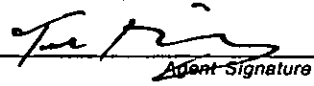
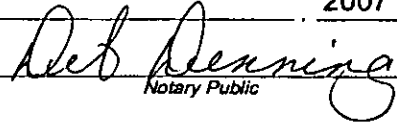
**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

07

Operator Name: <u>T.D.I. Oil Operations</u>		License Number: <u>4787</u>
Operator Address: <u>1310 Bison Road, Hays, Kansas 67601</u>		
Contact Person: <u>Tom Denning</u>		Phone Number: <u>( 785 ) 628 - 2593</u>
Permit Number (API No. if applicable): <u>15-051-25697-0000</u>		Lease Name: <u>Tholen</u>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input checked="" 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		Well Number: <u>g</u> Source Location (QQQQ): <u>      </u> - <u>SE</u> - <u>NE</u> - <u>SE</u> Sec. <u>22<del>x</del></u> Twp. <u>14</u> R. <u>16</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1625</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330'</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ellis</u> 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: <u>to be used in drilling new well</u>		
Amount of waste: <u>4</u> No. of loads <u>320</u> Barrels    _____ Tons    _____ YDS		
Destination of waste: <input checked="" type="checkbox"/> Reserve Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <u>drilling pit</u>		
If waste is transferred to another reserve pit, is the lease active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <u>10-21-07</u>
Operator Name: <u>Castle Resources, Inc</u>		License No.: <u>9860</u>
Lease Name: <u>Janne</u>		Sec. <u>19</u> Twp. <u>14</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>none (API # 15-167-23467-0000)</u>		County: <u>Russell</u>

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**NOV 02 2007**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is <u>the owner</u>	
for <u>T.D.I. Oil Operations</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>29</u> day of <u>October</u>	<u>2007</u>
	 _____ Agent Signature
	 _____ Notary Public

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