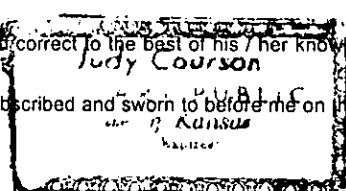


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form GCP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

07

Operator Name: <b>MOLZ OIL COMPANY</b>		License Number: <b>6006</b>
Operator Address: <b>19159 SW Clairmont</b> <b>KIOWA, KANSAS 67070</b>		
Contact Person: <b>JIM MOLZ</b>		Phone Number: <b>( 620 ) 296 - 4558</b>
Permit Number (API No. if applicable): <b>15007231.160000</b>		Lease Name: <b>MOLZ #9</b>
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 checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b>
Source Location (QQQQ): <b>NW - NE - SE</b> Sec. <b>31</b> Twp. <b>34S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>360</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1190</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ 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>  2  </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: <b>08/02/2007</b>
Operator Name: <b>MOLZ OIL COMPANY</b>		License No.: <b>6006</b>
Lease Name: <b>MOLZ SWD</b>		Sec. <b>60'</b> Twp. <b>35S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No. <del>D-9771</del> <b>D19146.0</b>		County: <b>BARBER</b>
The undersigned hereby certifies that he / she is <u>  PRESIDENT  </u> for <u>  MOLZ OIL COMPANY  </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>  10  </u> day of <u>  AUGUST  </u> , <u>  2007  </u>  _____ Judy Courson Notary Public My Commission Expires: <u>  12-23-08  </u>		

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

AUG 14 2007

CONSERVATION DIVISION  
WICHITA, KS