

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

07

Operator Name: <u>Chieftain Oil Co., Inc.</u>		License Number: <u>33235</u>	
Operator Address: <u>PO Box 124, Kiowa, KS 67070</u>			
Contact Person: <u>Ron Molz</u>		Phone Number: <u>(620) 825 - 4030</u>	
Permit Number (API No. if applicable): <u>15007231180000</u>		Lease Name: <u>Gates</u>	
Source of Waste: <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		Well Number: <u>2</u>	
		Source Location (QQQQ): <u> </u> - <u>NE</u> - <u>SW</u> - <u>NE</u>	
		Sec. <u>3</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u>1900</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
		<u>1890</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<u>Barber</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>10</u> No. of loads <u>1000</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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>2-28-2007</u>	
Operator Name: <u>Molz Oil Co., Inc.</u>		License No.: <u>6006</u>	
Lease Name: <u>Garner SWD</u>		Sec. <u>11</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D 2806 O, O</u>		County: <u>Barber</u>	
<p>The undersigned hereby certifies that he / she is <u>vice president</u> for <u>Chieftain Oil</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.</p> <p>Subscribed and sworn to before me on this <u>6th</u> day of <u>March</u> <u>2007</u></p> <p>My Commission Expires: <u>9/22/10</u></p>			
		<p><i>[Signature]</i> Agent Signature</p> <p><i>[Signature]</i> Notary Public</p>	
		<p>NOTARY PUBLIC - State of Kansas LEESA MOTT My Appt. Expires <u>9/22/10</u> RECEIVED</p>	