

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

U7

Operator Name: <b>Chieftain Oil Co., Inc</b>		License Number: <b>33235</b>	
Operator Address: <b>P.O. Box 124 Kiowa, KS 67070</b>			
Contact Person: <b>Ron Molz</b>		Phone Number: ( <b>620</b> ) <b>825 - 4030</b>	
Permit Number (API No. if applicable): <b>15-007-23172-0000</b>		Lease Name: <b>Sisters</b>	
Source of Waste:		Well Number: <b>2</b>	
<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		Source Location (QQQQ): _____ - <u>NE</u> - <u>NW</u> - <u>SW</u> Sec. <u>7</u> Twp. <u>33</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>690</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Barber</b> County	

Type of waste to be disposed:  Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste: 10 No. of loads    1000 Barrels    \_\_\_\_\_ Tons    \_\_\_\_\_ YDS

Destination of waste:  Reserve Pit     Disposal Well     Lease Road     Dike / Berm     Other: \_\_\_\_\_

If waste is transferred to another reserve pit, is the lease active?  Yes     No

Location of waste disposal: \_\_\_\_\_ Date of Waste Transfer: 8-27-2007

Operator Name: Molz Oil Co., Inc License No.: 6006

Lease Name: Garner SWD Sec. 11 Twp. 33 R. 10  East  West

Docket No.: D28060.0 County: Barber

RECEIVED  
KANSAS CORPORATION COMMISSION  
**NOV 05 2007**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is Vice President  
for Chieftain Oil Co., Inc. (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief. [Signature] Agent Signature

Subscribed and sworn to before me on this 2 day of November, 2007

My Commission Expires: 4-11-2011

[Signature] NOTARY PUBLIC - State of Kansas  
AMANDA CORR  
My Appt. Expires 4-11-2011