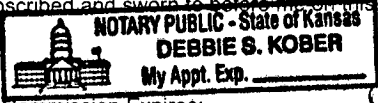


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Carmen Schmitt, Inc		License Number: 6569	
Operator Address: PO Box 47 Great Bend, KS 67530			
Contact Person: Francis Hitschmann		Phone Number: (620) 793 - 5100	
Permit Number (API No. if applicable): 15-185-20043-0001		Lease Name: Clarke	
Source of Waste:		Well Number: 1	
<input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		<input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	
		Source Location (QQQQ): <u> </u> - <u>NE</u> - <u>SE</u> - <u>NE</u> Sec. <u>31</u> Twp. <u>21</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>3630</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>Stafford</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: _____ No. of loads <u>30</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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: _____	
Operator Name: <u>N/A</u>		License No.: _____	
Lease Name: <u>N/A</u>		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>N/A</u>		County: _____	
Comments:			
The undersigned hereby certifies that he / she is <u>Operator's manager</u> for <u>Carmen Schmitt, Inc</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <u>Francis Hitschmann</u> _____ Agent Signature			
Subscribed and sworn to before me on this <u>27th</u> day of <u>April</u> , <u>2011</u>  <u>Debbie S. Kober</u> Notary Public			
My Commission Expires: <u>Jan 3, 2014</u>			

RECEIVED
APR 29 2011