

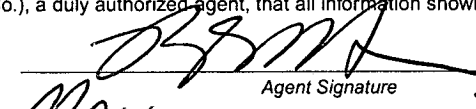
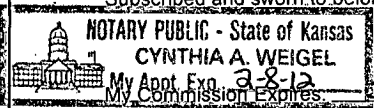
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Jolen Operating Company		License Number: 31822	
Operator Address: 100 N. Broadway, Suite 2460, Oklahoma City, OK 73102			
Contact Person: Perry S. Henman		Phone Number: (785) 625 - 9448	
Permit Number (API No. if applicable): 15-065-01765-00-00		Lease Name: Acheson	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input 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: 4	
		Source Location (QQQQ): <u> </u> - <u>NE</u> - <u>NE</u> - <u>SW</u> Sec. <u>24</u> Twp. <u>10</u> R. <u>21</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>2970</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Graham</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 _____ Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input 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: No transfer.	
Operator Name: No Transfer		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: Evaporation & backfill.			

RECEIVED
MAY 09 2011
KCC WICHITA

The undersigned hereby certifies that he / she is <u>Perry Henman</u>	
for <u>Jolen Operating Co.</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>6th</u> day of <u>May</u> , 2011	 Agent Signature
 NOTARY PUBLIC - State of Kansas CYNTHIA A. WEIGEL My Appt. Exp. <u>2-8-12</u> My Commission Expires <u>Feb 8, 2012</u>	<u>Cynthia A. Weigel</u> Notary Public