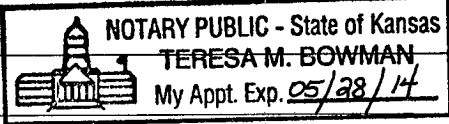


15-163-03049-0000

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Bowman Oil Company</b>		License Number: <b>6931</b>	
Operator Address: <b>805 Codell Road Codell, Kansas 6763</b>			
Contact Person: <b>Donald A. Bowman</b>		Phone Number: ( <b>785</b> ) <b>434 - 2286</b>	
Permit Number (API No. if applicable): <b>#15-163-03049-0000</b>		Lease Name: <b>Jelinek</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input 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: <b>#4</b>	
		Source Location (QQQQ): <u>      </u> - <u>W/2</u> - <u>NW</u> - <u>SW</u> Sec. <u>24</u> Twp. <u>9S</u> R. <u>19</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1980</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>4950</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Rooks County, Kansas</u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>No Waste to Transfer</u>			
Amount of waste:    _____ No. of loads <u>0</u> 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 checked="" 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: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:  <b>After Plugging Job was Completed, There was No Waste Left to Transfer.</b>		<b>RECEIVED</b> <b>OCT 13 2011</b> <b>KCC WICHITA</b>	
The undersigned hereby certifies that he <u>(she)</u> is <u>An Agent</u> for <u>Bowman Oil Company</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his <u>(her)</u> knowledge and belief.		<div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div>	
Subscribed and sworn to before me on this <u>10<sup>th</sup></u> day of <u>October</u> , <u>2011</u>		<u>Connie J. Austin</u> Agent Signature	
My Commission Expires: <u>May 28, 2014</u>		<u>Teresa M. Bowman</u> Notary Public	