

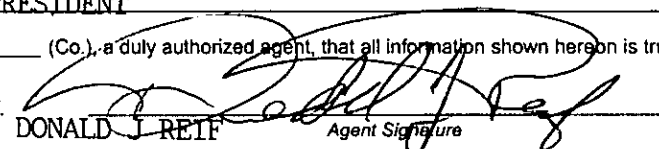
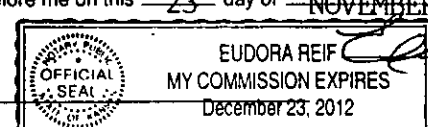
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>REIF OIL & GAS CO., LLC</u>		License Number: <u>33530</u>	
Operator Address: <u>PO BOX 298 HOISINGTON, KS 67544</u>			
Contact Person: <u>DON J REIF</u>		Phone Number: <u>(620) 786 - 5698</u>	
Permit Number (API No. if applicable): <u>15-009-25536-00-00</u>		Lease Name: <u>STEINERT D # 1</u>	
Source of Waste:		Well Number: <u>#1</u>	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>SW - SE - NE -</u> Sec. <u>3</u> Twp. <u>17</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2229</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1164</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>BARTON</u> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: <u>1</u> No. of loads <u>80</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input checked="" 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 <u>N/A</u>			
Location of waste disposal:		Date of Waste Transfer: <u>5-23-11</u>	
Operator Name: <u>PAUL'S OILFIELD SERVICE INC.</u>		License No.: <u>31085</u>	
Lease Name: <u>MILLER # 1</u>		Sec. <u>6</u> Twp. <u>19</u> R. <u>15</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D 21,324.0</u>		County: <u>BARTON</u>	
Comments:			

RECEIVED
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The undersigned hereby certifies that he / she is <u>PRESIDENT</u>	
for <u>REIF OIL & GAS CO., LLC</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>DONALD J REIF</u> Agent Signature	
Subscribed and sworn to before me on this <u>23</u> day of <u>NOVEMBER</u> , <u>2011</u>	
 <u>EUDORA REIF</u> MY COMMISSION EXPIRES December 23, 2012 Notary Public	
My Commission Expires: _____	