



KANSAS CORPORATION COMMISSION 1057346  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Samuel Gary Jr. &amp; Associates, Inc.</b>		License Number: <b>3882</b>	
Operator Address: <b>1515 WYNKOOP, STE 700 DENVER CO 80202</b>			
Contact Person: <b>GABE D'ARTHENAY</b>		Phone Number: ( <b>303</b> ) <b>831 - 4673</b>	
Permit Number (API No. if applicable): <b>15165219240000</b>		Lease Name: <b>Clair</b>	
Source of Waste: <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		Well Number: <b>3-26</b>  Source Location (QQQQ): <u>  <b>N2</b>  </u> <u>  <b>S2</b>  </u> <u>  <b>SW</b>  </u> <u>  <b>NE</b>  </u> Sec. <u>  <b>26</b>  </u> Twp. <u>  <b>16</b>  </u> R. <u>  <b>16</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>2215</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1980</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>          </u> Rush _____ 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: <u>  <b>12</b>  </u> No. of loads <u>  <b>960</b>  </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: <u>  <b>6/4/2011</b>  </u>	
Operator Name: <u>  <b>TDI, Inc.</b>  </u>		License No.: <u>  <b>4787</b>  </u>	
Lease Name: <u>  <b>DREILING B</b>  </u>		Sec. <u>  <b>22</b>  </u> Twp. <u>  <b>14</b>  </u> R. <u>  <b>16</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D25112</b>  </u>		County: <u>  <b>ELLIS</b>  </u>	
Comments:			
Submitted Electronically			