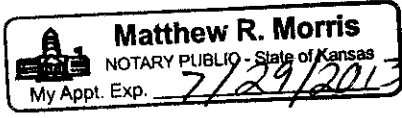


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Terry E. Morris d/b/a GLM Company</b>		License Number: <b>3134</b>
Operator Address: <b>P.O. Box 193 Russell, Kansas 67665</b>		
Contact Person: <b>Terry E. Morris</b>		Phone Number: <b>( 785 ) 483 - 1307</b>
Permit Number (API No. if applicable): <b>15-167-05824-0000</b>		Lease Name: <b>Nuss/Holl</b>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>3</b> Source Location (QQQQ): <b>C - S/2 - SW - NW</b> Sec. <b>22</b> Twp. <b>14</b> R. <b>14</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>2970</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>4620</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Russell</b> 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 <b>40</b> 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 checked="" type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>May 11, 2011</b>
Operator Name: <b>Terry E. Morris d/b/a GLM Company</b>		License No.: <b>3134</b>
Lease Name: <b>Nuss/Holl</b>		Sec. <b>22</b> Twp. <b>14</b> R. <b>14</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>E07950.3 15-167-90553-00-00</b>		County: <b>Russell</b>
Comments:		
		
The undersigned hereby certifies that he / she is <u><b>OWNER/OPERATOR</b></u> for <u><b>GLM COMPANY</b></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><b>29th</b></u> day of <u><b>March</b></u> <u><b>2011</b></u> My Commission Expires: <u><b>7/29/2013</b></u>		
		RECEIVED <b>MAR 30 2011</b> KCC WICHITA