

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

07

Operator Name: <b>SAMUEL GARY JR &amp; ASSOCIATES, INC.</b>		License Number: <b>3882</b>	
Operator Address: <b>1670 BROADWAY, SUITE 3300 DENVER, CO 80202</b>			
Contact Person: <b>TOM FERTAL</b>		Phone Number: <b>(303) 831-4673</b>	
Permit Number (API No. if applicable): <b>15-159-22543-0000</b>		Lease Name: <b>FREES</b>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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>2-20</b> Source Location (QQQQ): _____ - SW - NW - NW S. Sec. <b>20</b> Twp. <b>18</b> R. <b>9</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West _____ Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section _____ <b>RICE</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: <u>3</u> No. of loads <u>240</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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>8/17/2007</u>	
Operator Name: <u>SAMUEL GARY JR &amp; ASSOCIATES, INC.</u>		License No. <u>3882</u>	
Lease Name: <u>MATTHAEI TRUST 2-19 SWD</u>		Sec. <u>19</u> Twp. <u>18</u> S. R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No. <u>D - 28897</u>		County: <u>RICE</u>	

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**OCT 25 2007**  
CONSERVATION DIVISION  
WICHITA KS

The undersigned hereby certifies that he / she is <u>SR. GEOLOGIST</u> for <u>SAMUEL GARY JR &amp; ASSOCIATES</u>	
(CO.), a duly authorized agent, that all information shown hereon is true	
and certifies to the best of his / her knowledge and belief.	<u>Thomas J Fertal</u> Agent Signature
Subscribed and sworn to before me on this <u>23 RD</u> day of _____	<u>OCTOBER</u> , <u>2007</u>
My Commission Expires: <u>May 5, 2009</u>	<u>Kristal Taylor</u> Notary Public

