

JUN 05 2007

EXPLORATION & PRODUCTION WASTE TRANSFER *4*

67

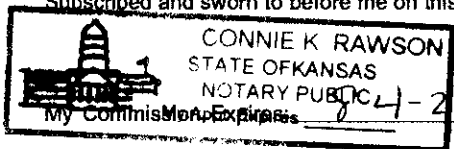
CONSERVATION DIVISION
WICHITA, KS

Operator Name: ZU LLC		License Number: 32699	
Operator Address: 108 West 34th, Hays Kansas 67601			
Contact Person: Greg Whitehair		Phone Number: (785) 432 - 0789	
Permit Number (API No. if applicable): 15-185-30410-00-00		Lease Name: Zenith Unit	
Source of Waste:		Well Number: # 3	
<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		Source Location (QQQQ): _____ - _____ - W/2 - NE Sec. 11 Twp. 24 R. 11 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 4180 Feet from <input checked="" type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2040 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Stafford 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 45 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: 4/27/2007	
Operator Name: ZU LLC		License No.: 32699	
Lease Name: Zenith Unit #1 SWD		Sec. 12 Twp. 24 R. 11 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: D-25,873		County: Stafford	

The undersigned hereby certifies that he / she is *Managing Partner*
for *ZU LLC* (Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.

[Signature]
Agent Signature

Subscribed and sworn to before me on this *31* day of *May*, *2007*



[Signature]
Notary Public