

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

07

Operator Name: <b>Chieftain Oil Co., Inc</b>		License Number: <b>33235</b>
Operator Address: <b>P.O. Box 124 Kiowa, KS 67070</b>		
Contact Person: <b>Ron Molz</b>		Phone Number: ( <b>620</b> ) <b>825 - 4030</b>
Permit Number (API No. if applicable): <b>15-007-23128-00-00</b>		Lease Name: <b>Circle SWD</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"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b> Source Location (QQQQ): <b>SE - NE - NW -</b> Sec. <b>13</b> Twp. <b>33S</b> R. <b>11</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1010</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>3165</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Barber</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>  10  </u> No. of loads <u> 1000 </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 checked="" type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>April 9, 2007</b>
Operator Name: <b>Molz Oil Co., Inc.</b>		License No.: <b>6006</b>
Lease Name: <b>Garner SWD</b>		Sec. <b>11</b> Twp. <b>33S</b> R. <b>10</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <b>D28060.0</b>		County: <b>Barber</b>

  

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**APR 11 2007**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is **Kristi Molz**  
 for **Chieftain Oil Co.** (Co.), a duly authorized agent, that all information shown hereon is true  
 and correct to the best of his / her knowledge and belief. **Kristi Molz** Agent Signature  
 Subscribed and sworn to before me on this **10<sup>th</sup>** day of **April** **2007**  
 My Commission Expires: **9/22/10**

NOTARY PUBLIC - State of Kansas  
**LEESA MOTT**  
My Appt. Expires **9/22/10**