

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

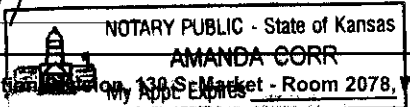
Operator Name: Chieftain Oil Co., Inc		License Number: 33235
Operator Address: P.O. Box 124 Kiowa, KS 67070		
Contact Person: Ron Molz		Phone Number: (620) 825 - 4030
Permit Number (API No. if applicable): 15-007-23575-00-00		Lease Name: Yates A
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: 4 Source Location (QQQQ): <u>NE</u> - <u>SW</u> - <u>SE</u> - <u>NE</u> Sec. <u>36</u> Twp. <u>34</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>3169</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>695</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barber</u> 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"/> 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: Operator Name: <u>Molz Oil Co., Inc</u> Lease Name: <u>Garner SWD</u> Docket No./API No.: <u>15-007-00572-0001</u> <u>D 28060.0</u>		Date of Waste Transfer: <u>10/11/2010</u> License No.: <u>6006</u> Sec. <u>11</u> Twp. <u>33S</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West County: <u>Barber</u>
Comments:		

The undersigned hereby certifies that he (she) is Secretary
 for Chieftain Oil Co., Inc. (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief. Krist L. May
 Agent Signature

Subscribed and sworn to before me on this 25 day of October, 2010

My Commission Expires: 4-11-2011
Amanda Corr
 Notary Public



Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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