



EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
Operator Address: _____	
Contact Person: _____	Phone Number: () -
Permit Number (API No. if applicable): _____	Lease Name: _____
Source of Waste: <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 type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike	Well Number: _____ Source Location (QQQQ): _____ - _____ - _____ - _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____

No Waste to be Hauled: (If checked, provide an explanation as to why no waste was hauled in the Comments area.)

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of Waste Disposal:

Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)

Date of Waste Transfer: _____

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

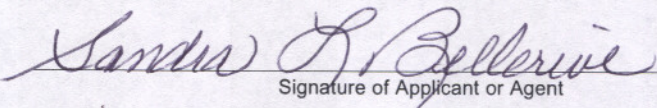
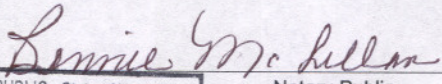
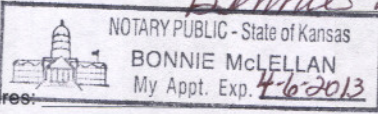
Docket No./API No.: _____ County: _____

Comments: _____

Submitted Electronically

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CLOSURE OF SURFACE PIT**

Form CDP-4
April 2004
Form must be Typed

Operator Name: O'Brien Resources, LLC	License Number: 34158
Operator Address: P.O. Box 6149, Shreveport, LA 71136	
Contact Person: Harold Bellerive	Phone Number: (785) 635 - 4531
Permit Number (API No. if applicable): 15-101-22203-0000	Lease Name & Well No.: Jennison #1-2
Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit	Pit Location (QQQQ): _____ - _____ - _____ - _____ Sec. <u>01</u> Twp. <u>17S</u> R. <u>30</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>340</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>395</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>LANE</u> _____ County
Date of closure: <u>08-11-10</u>	
Was an artificial liner used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If no, how were the sides and bottom sealed to prevent downward migration of the pit contents? <u>Drilling mud and natural soil beds</u>	
Abandonment procedure of pit: <u>Evaporations of fluids. Test beds for moisture. Cover as needed.</u>	
The undersigned hereby certifies that he / she is _____ Agent _____ for <u>O'Brien Resources, LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.	
 Signature of Applicant or Agent	
Subscribed and sworn to me on this <u>1st</u> day of <u>March</u> , <u>2011</u>	
 Notary Public	
My Commission Expires: _____	
	

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