



KANSAS CORPORATION COMMISSION 1167902
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

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

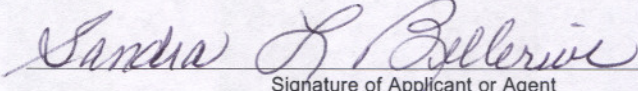
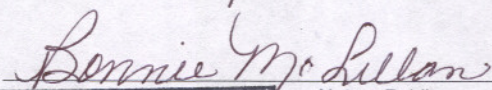
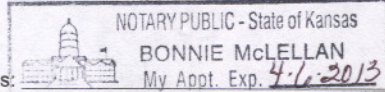
Docket No./API No.: _____ County: _____

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): 15-193-20772-0000 | Lease Name & Well No.: Krug #14-1 |
| 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>14</u> Twp. <u>10S</u> R. <u>33</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>240</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>246</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Thomas</u> _____ County |
| Date of closure: <u>09-21-10</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