1193319

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: McPherson, Ron dba McPherson Drilling
License Number: 5675

Operator Address: PO BOX 129 SYCAMORE KS 67363 0129

Contact Person: RON MCPHERSON
Phone Number: (620) 336 - 2662

Permit Number *(API No. if applicable)*: 15-125-32211-00-00
Lease Name: SCOTT

Source of Waste:

- [ ] Emergency Pit
- [ ] Settling Pit
- [ ] Workover Pit
- [x] Drilling Pit
- [ ] Burn Pit
- [ ] Haul-off Pit
- [ ] Steel Pit
- [ ] Spill / Escape
- [ ] Dike

Well Number: MCP 2

Source Location (QQQQ): ____ - S2 - SE - NW

Sec. 10 Twp. 31 R. 15 [x] East [ ] West

2970 Feet from [ ] North / [x] South Line of Section

3300 Feet from [x] East / [ ] West Line of Section

GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*

Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84

County: Montgomery

No Waste to be Hauled: [x] *(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:

AIR RIG - NO FLUID USED

Submitted Electronically

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