1324262

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Griffin, Charles N.
License Number: 33936
Operator Address: PO BOX 347 PRATT KS 67124 0347
Contact Person: Charles N Griffin
Phone Number: (972) 342 - 4648
Permit Number *(API No. if applicable)*: 15-185-23957-00-00
Lease Name: GAYLE
Well Number: 1

Source of Waste:

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

Source Location (QQQQ): W2 - NE - NW - NW
Sec. 18 Twp. 23 R. 12 [ ] East [x] West
4960 Feet from [ ] North / [x] South Line of Section
4364 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: Stafford

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: [x] Fluid [ ] Soil [ ] Mud / Cuttings [ ] Other: _____

Amount of waste: _____ No. of loads 320 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [x] 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: 10/24/2016

Operator Name: Bob's Oil Service, Inc.
License No.: 32408
Lease Name: TEICHMANN SWD 2-16
Sec. 16 Twp. 22 R. 12 [ ] East [x] West
Docket No./API No.: D23722.0
County: Stafford

Comments:

Submitted Electronically