KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Indian Oil Co., Inc.
License Number: 31938
Operator Address: PO Box 209 PO BOX 209 MEDICINE LODGE KS 67104 0209
Contact Person: Anthony Farrar
Phone Number: (620) 886 - 3763
Permit Number *(API No. if applicable)*: 15-007-21180-00-00
Lease Name: EAGLE LONG A
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): _____ - _____ - NE - SE
Sec. 26 Twp. 33 R. 12 [ ] East [x] West
1980 Feet from [ ] North / [x] South Line of Section
660 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: Barber

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: 1 No. of loads 60 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: 12/3/2018

Operator Name: Indian Oil Co., Inc.
License No.: 31938
Lease Name: BK OHLSON SWD 2
Sec. 15 Twp. 35 R. 12 [ ] East [x] West
Docket No./API No.: 15-007-24216-00-00
County: Barber

Comments:
Mid-West

Submitted Electronically