KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: IGWT, Inc.
License Number: 3167
Operator Address: P.O. BOX 550 ROSE HILL KS 67133 0550
Contact Person: KENTON HUPP
Phone Number: (316) 265 - 5800
Permit Number *(API No. if applicable)*: 15-015-40425-00-01
Lease Name: EDMISTON
Well Number: 6

Source of Waste:

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

Source Location (QQQQ): W2 - NW - SE - NW
Sec. 33 Twp. 25 R. 4 [x] East [ ] West
3785 Feet from [ ] North / [x] South Line of Section
3936 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: Butler

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:

THERE WAS NO WASTE TO BE TRANSFERED

Submitted Electronically