KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: McFadden, Jack W. dba McFadden Oil Co.
License Number: 8866

Operator Address: PO BOX 394 IOLA KS 66749 0394

Contact Person: Jack
Phone Number: (620) 496 - 7946

Permit Number *(API No. if applicable)*: 15-003-26654-00-00
Lease Name: MINCKLEY

Source of Waste:

- ☐ Emergency Pit
- ☐ Settling Pit
- ☐ Workover Pit
- ☑ Drilling Pit
- ☐ Burn Pit
- ☐ Haul-off Pit
- ☐ Steel Pit
- ☐ Spill / Escape
- ☐ Dike

Well Number: 2-AO

Source Location (QQQQ): SE - SW - SW - NW

Sec. 10 Twp. 23 R. 19 ☑ East ☐ West

2805 Feet from ☐ North / ☑ South Line of Section

4900 Feet from ☑ East / ☐ West Line of Section

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

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Anderson

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:

dry , back filled

Submitted Electronically