KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Black Rock Resources, LLC
License Number: 35310
Operator Address: 1029 E. 7TH ST. PO BOX 553 RUSSELL KS 67665 0553
Contact Person: Jesse Dinkel
Phone Number: (785) 483 - 9146
Permit Number *(API No. if applicable)*: 15-063-22368-00-00
Lease Name: POLIFKA UNIT A
Well Number: 1

Source of Waste:

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

Source Location (QQQQ): NW - NW - SW - SW
Sec. 18 Twp. 13 R. 26 ☐ East ☑ West
1130 Feet from ☐ North / ☑ South Line of Section
305 Feet from ☐ East / ☑ West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Gove

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:

Fluids were evaporated

Submitted Electronically