KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: McQuade, Owen dba Owen's Pumping Service
License Number: 31203

Operator Address: 640 E SUNSET AVE RUSSELL KS 67665 3128

Contact Person: Owen
Phone Number: (785) 483 - 6321

Permit Number *(API No. if applicable)*: 15-167-02668-00-00
Lease Name: BOXBERGER A

Source of Waste:

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

Well Number: 10

Source Location (QQQQ): _____ - SW - NE - SE

Sec. 14 Twp. 14 R. 14 [ ] East [x] West

1650 Feet from [ ] North / [x] South Line of Section

990 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: Russell

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 20 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: 3/1/2020

Operator Name: McQuade, Owen dba Owen's Pumping Service
License No.: 31203

Lease Name: BOXBERGER B 6
Sec. 14 Twp. 14 R. 14 [ ] East [x] West

Docket No./API No.: 15-167-02665-00-02
County: Russell

Comments:

Submitted Electronically