KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Casebeer, Inc.
License Number: 31934
Operator Address: PO BOX 842 MCPHERSON KS 67460 0842
Contact Person: Mark Casebeer
Phone Number: (620) 242 - 7766
Permit Number *(API No. if applicable)*: 15-169-20242-00-00
Lease Name: SWANSON
Well Number: 2

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 - NW
Sec. 10 Twp. 16 R. 3 [ ] East [x] West
3654 Feet from [ ] North / [x] South Line of Section
2971 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: Saline

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: 2 No. of loads 60 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [ ] Disposal Well [x] 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: 07/23/2021

Operator Name: Casebeer, Inc.
License No.: 31934
Lease Name: _____
Sec. 10 Twp. 16 R. 3 [ ] East [x] West
Docket No./API No.: _____
County: Saline

Comments:

Submitted Electronically