KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: War Cry, LLC
License Number: 35271
Operator Address: 15 S. MAIN RUSSELL KS 67665 2901
Contact Person: Ward Craig
Phone Number: (785) 483 - 1543
Permit Number *(API No. if applicable)*: 15-167-02640-00-00
Lease Name: LEO BOXBERGER
Well Number: 4

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): _____ - SE - SW - SW
Sec. 11 Twp. 14 R. 14 [ ] East [x] West
330 Feet from [ ] North / [x] South Line of Section
4290 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: [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:

air dry and backfill

Submitted Electronically