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: David Casebeer
Phone Number: (785) 488 - 8546
Permit Number *(API No. if applicable)*: 15-169-04581-00-00
Lease Name: NELLIE LUNDGREN
Well Number: 1

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 - NW - SW - NE
Sec. 3 Twp. 16 R. 3 [ ] East [x] West
3337 Feet from [ ] North / [x] South Line of Section
2020 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 80 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: 07/05/2023

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

Comments:

Submitted Electronically