KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Indian Oil Co., Inc.
License Number: 31938
Operator Address: 308 S. Main St. PO BOX 209 MEDICINE LODGE KS 67104 0209
Contact Person: Anthony Farrar
Phone Number: (620) 886 - 3763
Permit Number *(API No. if applicable)*: 15-007-24486-00-00
Lease Name: BANKS NORTH
Well Number: 4

Source of Waste:

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

Source Location (QQQQ): NE - NW - SW - NW
Sec. 36 Twp. 30 R. 12 [ ] East [x] West
1400 Feet from [x] North / [ ] South Line of Section
495 Feet from [ ] East / [x] West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*
Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84
County: Barber

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: 1 No. of loads 80 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: 12/14/2023

Operator Name: BEMCO, LLC
License No.: 32613
Lease Name: MAC 1
Sec. 7 Twp. 32 R. 11 [ ] East [x] West
Docket No./API No.: 15-007-21428-00-02
County: Barber

Comments:

Submitted Electronically