KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: MAD Operators LLC
License Number: 36164
Operator Address: 7 SW 26 AVE GREAT BEND KS 67530 6525
Contact Person: Lanny Butner
Phone Number: (316) 253 - 8081
Permit Number *(API No. if applicable)*: 15-193-20825-00-00
Lease Name: OLSON-KISTLER
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): NE - NE - NE - NW
Sec. 6 Twp. 10 R. 34 [ ] East [x] West
200 Feet from [x] North / [ ] South Line of Section
2475 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: Thomas

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: MAD Operators LLC
License No.: 36164
Lease Name: _____
Sec. 6 Twp. 10 R. 34 [ ] East [x] West
Docket No./API No.: _____
County: Thomas

Comments:

Waste Evaporated

Submitted Electronically