

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Calvin Noah</b>	License Number: <b>5616</b>
Operator Address: <b>329 N. Birch Valley Center, Kansas 67147</b>	
Contact Person: <b>Calvin Noah</b>	Phone Number: ( <b>316</b> ) <b>755 - 1032</b>
Permit Number (API No. if applicable): <b>15163237396000</b>	Lease Name: <b>Allphin Family</b>
Source of Waste:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape	Well Number: <b>#1</b>
	Source Location (QQQQ): <b>NW - SW - NE -</b> Sec. <b>30</b> Twp. <b>10S</b> R. <b>20</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1650</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>2310</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County

Type of waste to be disposed:  Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste: \_\_\_\_\_ No. of loads    **150** 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: \_\_\_\_\_ Date of Waste Transfer: **7-10-2008**

Operator Name: **Calvin Noah** License No.: **5616**

Lease Name: **Pratt Fee SWDW #1-15** Sec. **15** Twp. **11S** R. **22**  East  West

Docket No./API No.: **D-21,085** County: **Trego**

Comments:

RECEIVED  
KANSAS CORPORATION COMMISSION  
**SEP 08 2008**  
CONSERVATION DIVISION  
WICHITA, KS

The undersigned hereby certifies that he / she is owner/operator  
 for Calvin Noah (Co.), a duly authorized agent, that all information shown hereon is true  
 and correct to the best of his / her knowledge and belief. Calvin Noah  
 Agent Signature

Subscribed and sworn to before me on this 5th day of September, 2008

My Commission Expires: 02-08-2009  
 \_\_\_\_\_  
 Notary Public