

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>AX&P, Inc.</u>		License Number: <u>3830</u>	
Operator Address: <u>20147 200 Rd Neodesha, KS 66757</u>			
Contact Person: <u>J J Hanke</u>		Phone Number: <u>(620) 325-5212</u>	
Permit Number (API No. if applicable): <u>15-20527766 00 00</u>		Lease Name: <u>Unit 1 - Wolfe West</u>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <u>WW # 31G</u>	
		Source Location (QQQQ): <u>S2 SE SW</u>	
		Sec. <u>29</u> Twp. <u>30</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
		<u>1520</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<u>3300</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<u>Wilson</u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads <u>2</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>5/28/09</u>	
Operator Name: <u>AX&P, Inc.</u>		License No.: <u>3830</u>	
Lease Name: <u>Unit 1</u>		Sec. <u>29</u> Twp. <u>30</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <u>D 0- D - 15-379</u>		County: <u>Wilson</u>	
<p>The undersigned hereby certifies that he / she is <u>President</u></p> <p>for <u>AX&P, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.</p> <p>Subscribed and sworn to before me on this <u>6th</u> day of <u>July</u>, <u>2009</u></p> <p style="text-align: right;"><i>[Signature]</i> Agent Signature</p> <p style="text-align: center;"><i>[Signature]</i> Becky R Hambleton Notary Public</p> <p>My Commission Expires: <u>8/27/09</u></p>			

RECEIVED