

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Russell Oil Inc		License Number: 3293	
Operator Address: PO BOX 1469			
Contact Person: LEROY HOLT		Phone Number: (815) 609 - 7000	
Permit Number (API No. if applicable): 15-195-22599-00-00		Lease Name: LLOYD B	
Source of Waste:		Well Number: 1-2	
<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		Source Location (QQQQ): <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Sec. <u> 2 </u> Twp. <u> 11 </u> R. <u> 23 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 2000 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 1700 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> TREGO </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 _____ Barrels _____ Tons _____ YDS NA			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: <u> NA </u>			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No NA			
Location of waste disposal:		Date of Waste Transfer: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <p style="text-align: center;">SEE ATTACHED DISTRICT 4 NOTICE. AFTER INSPECTION, NO PIT REQUIREMENTS WERE MADE. FORM CDP-4 WILL BE FILED UPON NORMAL CLOSURE OF PITS AS REQUIRED BY LAW.</p>			

RECEIVED
KANSAS CORPORATION COMMISSION
APR 08 2009
CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is **EXECUTIVE ASSISTANT**
for **RUSSELL OIL INC** (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief. _____
Agent Signature

Subscribed and sworn to before me on this **3** day of **April** , **2009**

My Commission Expires: **9/19/12**

Lisa Jackson

Notary Public

OFFICIAL SEAL
LISA JACKSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/19/12