


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: R.T. Enterprises of Kansas, Inc.		License Number: 32116	
Operator Address: 1207 N. 1st Street East Louisburg, KS. 66053			
Contact Person: Lori Driskell		Phone Number: (913) 406 - 4236	
Permit Number (API No. if applicable): 045-21456-00-00		Lease Name: Lester Kalb	
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: I-24 Source Location (QQQQ): <u> </u> - <u>NW</u> - <u>NW</u> - <u>SE</u> Sec. <u>1</u> Twp. <u>15</u> R. <u>20</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Douglas</u> County	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 15 2008 KCC WICHITA </div>			
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS			
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: _____			
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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: Pit was air dried and covered.			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">  JESSICA M. HELMS Notary Public - State of Kansas My Appt. Exp. <u>5-21-2011</u> </div>			
The undersigned hereby certifies that he / she is _____		<i>Lori Driskell</i>	
for <u>R.T. Enterprises of Kansas</u> (Co.), a duly authorized agent, that all information shown hereon is true		<i>Lori Driskell</i>	
and correct to the best of his / her knowledge and belief.		Agent Signature	
Subscribed and sworn to before me on this <u>3rd</u> day of <u>December</u> <u>2008</u>		<u>2008</u>	
My Commission Expires: <u>5-21-2011</u>		<i>J. Helms</i>	
		Notary Public	