

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Calvin Carter		License Number: 30851	
Operator Address: 1072 RD 26 Sedan KS 67361			
Contact Person: Calvin Carter		Phone Number: (620) 725 - 3090	
Permit Number (API No. if applicable): 15-019-26962-00-00		Lease Name: Carter	
Source of Waste:		Well Number: 8	
<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): NW - SE - SW - SW Sec. 10 Twp. 34 R. 12 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 490 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 440 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Chautauqua County	
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: <u>1</u> No. of loads <u>70</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input checked="" 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: 5-5-09	
Operator Name: Calvin Carter		License No.: 30851	
Lease Name: Carter		Sec. 10 Twp. 34 R. 12 <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: Chautauqua	
Comments:			

RECEIVED
JUN 29 2009
KCC WICHITA

The undersigned hereby certifies that he / she is Calvin Carter
for Calvin Carter (Co.), a duly authorized agent, that all information shown hereon is true

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

Subscribed and sworn to before me on this 24 day of June 2009

Su-An Murphy
Notary Public

SU-AN MURPHY
My Commission Expires:
Notary Public - State of Kansas
My Appt. Expires 3/3/2012