

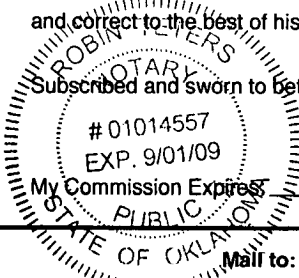
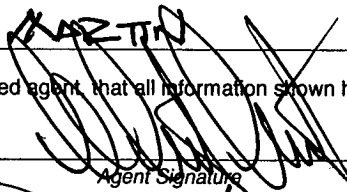
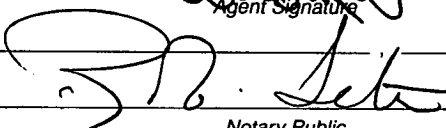
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Tailwater, Inc.		License Number: 32461	
Operator Address: 6421 Avondale Dr., Ste. 212, OKC, OK 73116			
Contact Person: Christian L. Martin		Phone Number: (405) 810 - 0900	
Permit Number (API No. if applicable): 15-003-24629-0000		Lease Name: Kempnich	
Source of Waste: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit </div> <div style="width: 45%;"> <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape </div> </div>		Well Number: 26-T	
		Source Location (QQQQ): <u>se</u> <u>nw</u> <u>se</u> <u>nw</u> Sec. <u>22</u> Twp. <u>20</u> R. <u>20</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1715</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1685</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Anderson County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: Not applicable			
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: All wells were drilled with an air rig. There were no fluids hauled to locations while drilling.			

RECEIVED
FEB 17 2009
KCC WICHITA

The undersigned hereby certifies that he / she is <u>CHRISTIAN L. MARTIN</u> for <u>TAILWATER</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.	
Subscribed and sworn to before me on this _____ day of _____ <div style="text-align: center;">  <p>My Commission Expires <u>9-01-09</u></p> </div>	<div style="text-align: center;">  Agent Signature  Notary Public </div>