

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

MAR 05 2009

Form CDP-3

August 2004

Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER RECEIVED

Operator Name: <u>AX&P, Inc.</u>		License Number: <u>3830</u>	
Operator Address: <u>20147 200 Road 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>205-27758-0000</u>		Lease Name: <u>Unit 1 - Wolfe North</u>	
Source of Waste: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit </div> <div style="width: 50%;"> <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: <u>WN#9</u>	
		Source Location (QQQQ): <u>NW SW SE</u> Sec. <u>28</u> Twp. <u>30</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>700</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2000</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 checked="" type="checkbox"/> Other <u>New Drill Pit</u>			
If waste is transferred to another reserve pit, is the lease active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>2/27/09</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 type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <u>D-15-379</u>		County: <u>Wilson</u>	
The undersigned hereby certifies that he / she is <u>President</u> 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.			
Subscribed and sworn to before me on this <u>3</u> day of <u>March</u> , 2009		<u>[Signature]</u> Agent Signature	
My Commission Expires _____ My Appt. Expires <u>11-25-10</u>		<u>[Signature]</u> Notary Public	