

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Indian Oil Co., Inc.		License Number: 31938	
Operator Address: PO Box 209, Medicine Lodge, KS 67104			
Contact Person: Anthony Farrar		Phone Number: (620) 886 - 3763	
Permit Number (API No. if applicable): 15-057-²⁰⁴¹⁹20597-00-00		Lease Name: Schomaker C-2	
Source of Waste:		Well Number: C-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): C - W/2 - NW - SW Sec. 13 Twp. 27 R. 22 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 1980 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 340 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Ford 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: _____ No. of loads 0 Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: None			
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: There was no free water to be transferred.		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: _____		County: _____	

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KANSAS CORPORATION COMMISSION

JUN 03 2008

CONSERVATION DIVISION
WICHITA, KS

The undersigned hereby certifies that he / she is **V.P., operations**
for **Indian Oil** (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 **2** day of **June** **2008**
[Signature] Agent Signature
[Signature] Notary Public
My Commission Expires: **July 10, 2010**

