

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Indian Oil Co., Inc.</b>		License Number: <b>31938</b>	
Operator Address: <b>PO Box 209, Medicine Lodge, KS 67104</b>			
Contact Person: <b>Anthony Farrar</b>		Phone Number: <b>( 620 ) 886 - 3763</b>	
Permit Number (API No. if applicable): <b>15-057-20597-00-00</b>		Lease Name: <b>Ford</b>	
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: <b>3-13</b>	
		Source Location (QQQQ): <b>NW - SE - NW - SE</b>	
		Sec. <b>13</b> Twp. <b>27</b> R. <b>22</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<b>1678</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<b>1678</b> Feet from <input checked="" type="checkbox"/> East / <input 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    _____ 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: <b>None</b>			
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: <b>There was no free water to be transferred.</b>		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: _____		County: _____	

RECEIVED  
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 \_\_\_\_\_  
Agent Signature

My Commission Expires: July 10, 2010  
Notary Public

