



KANSAS CORPORATION COMMISSION 1029972
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Hembree, Robert F		License Number: 8247	
Operator Address: PO BOX 542 NESS CITY KS 67560 0542			
Contact Person: Fred J. Hembree		Phone Number: (620) 802 - 7960	
Permit Number (API No. if applicable): 15-135-24921-00-00		Lease Name: Parker	
Source of Waste:		Well Number: 3	
<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): <u> NW </u> - <u> NW </u> - <u> SE </u> - <u> NW </u> Sec. <u> 25 </u> Twp. <u> 18 </u> R. <u> 24 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1620 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 1560 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> Ness </u> 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> 3 </u> No. of loads <u> 240 </u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" 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: <u> 06-29-2009 </u>	
Operator Name: <u> Hartman Oil Co., Inc. </u>		License No.: <u> 30535 </u>	
Lease Name: <u> BILLINGS </u>		Sec. <u> 35 </u> Twp. <u> 22 </u> R. <u> 23 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u> 15-083-21453-00-00 027511.0 </u>		County: <u> Hodgman </u>	
Comments:			
<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5; position: absolute; top: 20px; right: 20px;"> RWJ 7-27-09 </div> <p>Submitted Electronically</p>			