

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Globe Operating, Inc.</u>		License Number: <u>6170</u>	
Operator Address: <u>P. O. Box 12, Great Bend, Kansas 67530</u>			
Contact Person: <u>Richard Stalcup</u>		Phone Number: (<u>620</u>) <u>792 - 7607</u>	
Permit Number (API No. if applicable): <u>185-23,576-00-00</u>		Lease Name: <u>Sittner</u>	
Source of Waste:		Well Number: <u>10</u>	
<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 checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>180W - NW - NE - SW</u> Sec. <u>36</u> Twp. <u>21</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1830</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Stafford</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: _____ No. of loads <u>400</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>June 17, 2009</u>	
Operator Name: <u>Globe Operating, Inc.</u>		License No.: <u>6170</u>	
Lease Name: <u>Hoffman</u>		Sec. <u>22</u> Twp. <u>21</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-17,388</u>		County: <u>Stafford</u>	
Comments:			
The undersigned hereby certifies that he / she is <u>Richard Stalcup</u> for <u>Globe Operating, 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>29th</u> day of <u>July</u> , <u>2009</u> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;"> <p>NOTARY PUBLIC - State of Kansas MYLYNNE WOOSTER My Appt. Exp. <u>4-2-11</u></p> </div> <div style="text-align: center;"> <p><u>Richard Stalcup</u> Richard Stalcup, Agent Super. <u>M. Lynne Wooster</u> Notary Public</p> </div> <div style="text-align: right;"> <p>KANSAS CORPORATION COMMISSION</p> </div> </div>			