



KANSAS CORPORATION COMMISSION 1030257  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>O'Brien Energy Resources Corp.</b>		License Number: <b>32211</b>
Operator Address: <b>18 CONGRESS ST, STE 207 PORTSMOUTH NH 03801 4091</b>		
Contact Person: <b>JOSEPH FORMA</b>		Phone Number: ( <b>603</b> ) <b>427 - 2099</b>
Permit Number (API No. if applicable): <b>15-119-00146-00-01</b>		Lease Name: <b>BORCHERS NW OFFSETS</b>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>4-35</b>
		Source Location (QQQQ): _____ - _____ - <b>NW</b> - <b>SW</b> Sec. <b>35</b> Twp. <b>32</b> R. <b>29</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1980</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>660</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Meade _____ County
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: _____ No. of loads <b>120</b> 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: <b>5/20/2009</b>
Operator Name: <b>Dill, Gene R.</b>		License No.: <b>9491</b>
Lease Name: <b>IB REGIER</b>		Sec. <b>17</b> Twp. <b>33</b> R. <b>27</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>D21232</b>		County: <b>MEADE</b>
Comments:		
<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Rec'd 8-12-09</div> <p><b>Submitted Electronically</b></p>		