



KANSAS CORPORATION COMMISSION 1024468
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Woolsey Operating Company, LLC		License Number: 33168	
Operator Address: 125 N MARKET STE 1000 WICHITA KS 67202 1729			
Contact Person: Carl W. Durr		Phone Number: (316) 267 - 4379	
Permit Number (API No. if applicable): 15-007-233120000		Lease Name: NOSSAMAN	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling 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: 1	
		Source Location (QQQQ): <u>W2</u> - <u>SE</u> - <u>SE</u> - <u>NE</u> Sec. <u>10</u> Twp. <u>34</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>540</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barber</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>2</u> No. of loads <u>280</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>08/07/2008</u>	
Operator Name: <u>Oil Producers Inc. of Kansas</u>		License No.: <u>8061</u>	
Lease Name: <u>LEON MAY</u>		Sec. <u>13</u> Twp. <u>35</u> R. <u>16</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D28472</u>		County: <u>Comanche</u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Rec'd 8/6/09</p> <p style="font-size: 1.2em; margin-top: 20px;">Submitted Electronically</p>			