



KANSAS CORPORATION COMMISSION 1024334
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Mull Drilling Company, Inc.		License Number: 5144	
Operator Address: 221 N MAIN STE 300 PO BOX 2758 WICHITA KS 67202 1510			
Contact Person: Mark Shreve		Phone Number: (316) 264 - 6366	
Permit Number (API No. if applicable): 15-063-21755-00-00		Lease Name: Garvey 'A'	
Source of Waste:		Well Number: 1-14	
<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>SW</u> <u>NE</u> <u>SE</u> <u>NW</u> Sec. <u>14</u> Twp. <u>15</u> R. <u>27</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1915</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>2129</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Gove</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>4.5</u> No. of loads <u>360</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>11/20/2008</u>	
Operator Name: <u>Whitetail Crude, Inc</u>		License No.: <u>31627</u>	
Lease Name: <u>SCHERZINGER</u>		Sec. <u>21</u> Twp. <u>16</u> R. <u>23</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>15-135-30269-00-02 D15934.0</u>		County: <u>Ness</u>	
Comments:			
<p><i>Rover 8/16/09</i></p> <p>Submitted Electronically</p>			