

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
EXPLORATION & PRODUCTION WASTE TRANSFER

Form CDP-5
August 2004
Form must be Typed

Operator Name: <u>DAKOTA PRODUCTION CO. INC</u>		License Number: <u>32109</u>
Operator Address: <u>PO BOX 350 NEODESHA KANSAS 66757</u>		
Contact Person: <u>DICK CORNELL</u>		Phone Number: (<u>620</u>) <u>325-3909</u>
Permit Number (API No. if applicable): <u>15-205-27778-0000</u>		Lease Name: <u>Forslund</u>
Source of Waste: <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		Well Number: <u>22-1</u>
		Source Location (QQQQ): <u> </u> - <u>NW</u> - <u>NW</u> - <u>NE</u> - Sec. <u>22</u> Twp. <u>30</u> R. <u>16</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>4930</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2290</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: 4 No. of loads 100 Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: 7-2-09

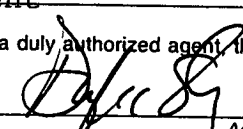
Operator Name: Consolidated Oilwell Services Inc License No.: 31440

Lease Name: Consolidated swd-1 Sec. 30 Twp. 29 R. 18 East West

Docket No.: D-28615 County: Neosho

RECEIVED
OCT 13 2009
KCC WICHITA

The undersigned hereby certifies that he / she is President
for Dakota (Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.


Agent Signature

Subscribed and sworn to before me on this _____ day of _____.

Notary Public

My Commission Expires: _____