



KANSAS CORPORATION COMMISSION 1032226
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: DaMar Resources, Inc.		License Number: 9067	
Operator Address: 234 W 11TH STE A PO BOX 70 HAYS KS 67601 3805			
Contact Person: Curtis R Longpine		Phone Number: (785) 625 - 0020	
Permit Number (API No. if applicable): 15-051-25903-00-00		Lease Name: McRae	
Source of Waste:		Well Number: 1	
<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>SW</u> - <u>NE</u> Sec. <u>34</u> Twp. <u>12</u> R. <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1950</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1750</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Ellis</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>160</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>09/21/2009</u>	
Operator Name: <u>Karlin, Gene dba Gene Karlin Company</u>		License No.: <u>3444</u>	
Lease Name: <u>NUSS</u>		Sec. <u>5</u> Twp. <u>13</u> R. <u>17</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>15-051-20926-0001</u> <u>0 255 88,0</u>		County: <u>Ellis</u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Rowd 10/19/09</p> <p style="font-size: 1.2em; margin-top: 20px;">Submitted Electronically</p>			