

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Downing Nelson Oil Co., Inc.		License Number: 30717	
Operator Address: P.O. Box 372 Hays, KS 67601			
Contact Person: Ron Nelson		Phone Number: (785) 621 - 2610	
Permit Number (API No. if applicable): 065-23,585-00-00		Lease Name: Hildebrand Heirs	
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: 1-9	
		Source Location (QQQQ): - SE - SE - NW Sec. 9 Twp. 9 R. 24 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 2210 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 2303 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Graham 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: 3 No. of loads 240 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: 10/16/09	
Operator Name: Downing Nelson Oil Co., Inc.		License No.: 30717	
Lease Name: Hildebrand #1-19 3-19		Sec. 19 Twp. 9 R. 23 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: E-30,142 .1		County: Graham	
Comments:			

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KCC WICHITA

The undersigned hereby certifies that he / she is _____
for _____ (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 **23** day of **October**, **2009**

Notary Public

My Commission Expires: **7-28-13**

