



KANSAS CORPORATION COMMISSION 1032780  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

*JK*

Operator Name: <b>Dixon Energy, Inc.</b>		License Number: <b>3372</b>	
Operator Address: <b>8100 E 22ND N BLDG 300, Ste 200 WICHITA KS 67226</b>			
Contact Person: <b>Mike Dixon</b>		Phone Number: ( <b>316</b> ) <b>264 - 9632</b>	
Permit Number (API No. if applicable): <b>15-185-23590-00-00</b>		Lease Name: <b>Siefkes</b>	
Source of Waste:		Well Number: <b>1</b>	
<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>  <b>NW</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>NW</b>  </u> Sec. <u>  <b>34</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>12</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>2140</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>2140</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Stafford</b>  </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>  <b>23</b>  </u> No. of loads <u>  <b>1840</b>  </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>  <b>9/30/2009</b>  </u>	
Operator Name: <u>  <b>Bob's Hauling Service, Inc.</b>  </u>		License No.: <u>  <b>33779</b>  </u>	
Lease Name: <u>  <b>SIEFKES</b>  </u>		Sec. <u>  <b>13</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>12</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D22209</b>  </u>		County: <u>  <b>Stafford</b>  </u>	
Comments:			
<p><i>Acid</i> <i>11/17/09</i></p>			
<p>Submitted Electronically</p>			