



KANSAS CORPORATION COMMISSION 1033274
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Dvorachek, Harold A. dba Quest Development Co.		License Number: 4175	
Operator Address: PO BOX 413 IOLA KS 66749 0413			
Contact Person: H. Dvorachek		Phone Number: (620) 365 - 5862	
Permit Number (API No. if applicable): 15-031-22498-00-00		Lease Name: Mannschreck	
Source of Waste:		Well Number: 1	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		<input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	
		Source Location (QQQQ): <u>NE</u> <u>NE</u> <u>SE</u> <u>NE</u> Sec. <u>32</u> Twp. <u>22</u> R. <u>17</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1370</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>275</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Coffey</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>1</u> No. of loads <u>110</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>11/11/2009</u>	
Operator Name: <u>Kepley Well Service, LLC</u>		License No.: <u>33749</u>	
Lease Name: <u>TAYLOR</u>		Sec. <u>33</u> Twp. <u>27</u> R. <u>18</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>15-133-90400</u> <u>E26368,1</u>		County: <u>Neosho</u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Rec'd 12/14/09</p> <p style="font-size: 1.2em;">Submitted Electronically</p>			