



KANSAS CORPORATION COMMISSION 1034519
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: EOG Resources, Inc.		License Number: 5278	
Operator Address: 3817 NW EXPRESSWAY STE 500 OKLAHOMA CITY OK 73112 1483			
Contact Person: Sheila Rogers		Phone Number: (405) 246 - 3100	
Permit Number (API No. if applicable): 15-129-21888-00-00		Lease Name: EF	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling 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: 16 #1A	
		Source Location (QQQQ): <u> NW </u> <u> SW </u> <u> SE </u> <u> NW </u> Sec. <u> 16 </u> Twp. <u> 34 </u> R. <u> 39 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 2055 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 1570 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> Morton </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> 0 </u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <u> Dry </u>			
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> 12/31/2009 </u>	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <p style="text-align: center;">There was no free fluid to haul off.</p> <div style="text-align: right; font-family: cursive; font-size: 2em; margin-top: 20px;"> Rec'd 1-27-10 </div>			
Submitted Electronically			