



KANSAS CORPORATION COMMISSION 1034764
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Chieftain Oil Co., Inc.		License Number: 33235	
Operator Address: 605 S. 6th; PO Box 124 KIOWA KS 67070 1912			
Contact Person: Ron Molz		Phone Number: (620) 825 - 4030	
Permit Number (API No. if applicable): 15-007-23473-00-00		Lease Name: Boyd	
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: 2	
		Source Location (QQQQ): <u>NE</u> - <u>SW</u> - <u>SE</u> - <u>NE</u> Sec. <u>4</u> Twp. <u>34</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2080</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>980</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barber</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>10</u> No. of loads <u>1000</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>01/19/2010</u>	
Operator Name: <u>Molz Oil Company</u>		License No.: <u>6006</u>	
Lease Name: <u>GARNER ZAPPIA</u>		Sec. <u>11</u> Twp. <u>33</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>15-007-00572-0001</u> <u>D28060.0</u>		County: <u>Barber</u>	
Comments:			
<p>Submitted Electronically</p> <p style="text-align: right; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">01-19-10 RMZ</p>			