



KANSAS CORPORATION COMMISSION 1034404
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Falcon Exploration, Inc.		License Number: 5316	
Operator Address: 125 N MARKET STE 1252 WICHITA KS 67202 1719			
Contact Person: CYNDE WOLF		Phone Number: (316) 262 - 1378	
Permit Number (API No. if applicable): 15-025-21489-0000		Lease Name: NORMAN	
Source of Waste:		Well Number: 1-30	
<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> NW </u> - <u> NE </u> - <u> SW </u> - <u> SE </u> Sec. <u> 30 </u> Twp. <u> 30 </u> R. <u> 21 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1200 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 1890 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Clark _____ 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> 120 </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> 12/03/2009 </u>	
Operator Name: <u> Dillco Fluid Service, Inc. </u>		License No.: <u> 6652 </u>	
Lease Name: <u> I B REGIER </u>		Sec. <u> 17 </u> Twp. <u> 33 </u> R. <u> 27 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u> D21232 </u>		County: <u> MEADE </u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Paid 1-19-10</p> <p style="font-size: 1.2em; margin-top: 20px;">Submitted Electronically</p>			