



KANSAS CORPORATION COMMISSION 1035375  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>L.D. Drilling, Inc.</b>		License Number: <b>6039</b>
Operator Address: <b>7 SW 26TH AVE GREAT BEND KS 67530 6525</b>		
Contact Person: <b>L. D. Davis</b>		Phone Number: ( <b>620</b> ) <b>793 - 3051</b>
Permit Number (API No. if applicable): <b>15-155-21554-00-00</b>		Lease Name: <b>SIMON FARMS, INC.</b>
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: <b>1-15</b>
Source Location (QQQQ): <u>      </u> - <u>W2</u> - <u>W2</u> - <u>SE</u> Sec. <u>15</u> Twp. <u>26</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1320</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>      </u> Reno 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>3</u> No. of loads <u>240</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>01/25/2010</u>
Operator Name: <u>Bob's Oil Service, Inc.</u>		License No.: <u>32408</u>
Lease Name: <u>TEICHMAN</u>		Sec. <u>16</u> Twp. <u>22</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>D23722</u>		County: <u>Stafford</u>
Comments:		
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Fluid 3/2/10</p> <p style="font-size: 1.2em; margin-top: 20px;">Submitted Electronically</p>		