



KANSAS CORPORATION COMMISSION 1035047  
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>15-185-23601-00-00</b>		Lease Name: <b>FRONTIER</b>	
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: <b>1-15</b>	
		Source Location (QQQQ): <u>  <b>NW</b>  </u> <u>  <b>SW</b>  </u> <u>  <b>NE</b>  </u> <u>  <b>SW</b>  </u> Sec. <u>  <b>15</b>  </u> Twp. <u>  <b>21</b>  </u> R. <u>  <b>12</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>1850</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>  <b>1620</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Stafford</b>  </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>  <b>2</b>  </u> No. of loads <u>  <b>210</b>  </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>  <b>1/25/2010</b>  </u>	
Operator Name: <u>  <b>L.D. Drilling, Inc.</b>  </u>		License No.: <u>  <b>6039</b>  </u>	
Lease Name: <u>  <b>SIEFKES</b>  </u>		Sec. <u>  <b>3</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>12</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D27505</b>  </u>		County: <u>  <b>Stafford</b>  </u>	
Comments:  <u>  <b>1/25/2010 hauled 80 bbls</b>  </u> <u>  <b>1/27/2010 hauled 130 bbls</b>  </u>  <div style="text-align: right; font-size: 2em; font-family: cursive;">           200d            2/4/10         </div>			
Submitted Electronically			