

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

| | | | |
|---|--|---|--|
| Operator Name: James D. Lorenz | | License Number: 9313 | |
| Operator Address: 543A 22000 Road Cherryvale, Kansas 67335-8515 | | | |
| Contact Person: James D. Lorenz | | Phone Number: (620) 328 - 4433 | |
| Permit Number (API No. if applicable): 15-099-24558-00-00 | | Lease Name: Johnson | |
| Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape | | Well Number: # 11 | |
| | | Source Location (QQQQ): <u>NE</u> <u>NE</u> <u>SE</u> <u>SE</u> Sec. <u>33</u> Twp. <u>34</u> R. <u>18</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1150</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>165</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Labette _____ 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>2</u> No. of loads <u>160</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: 11-02-09 | |
| Operator Name: James D. Lorenz | | License No.: 33749 | |
| Lease Name: Hygrade (Lorenz) | | Sec. 33 Twp. 31 R. 18 <input checked="" type="checkbox"/> East <input type="checkbox"/> West | |
| Docket No./API No.: D 27,822 Api 15-099-21264 | | County: Labette | |
| Comments: | | | |

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KCC WICHITA

The undersigned hereby certifies that he /she is HELEN L. LORENZ
 for JAMES D. LORENZ (Co.), a duly authorized agent, that all information shown hereon is true
 and correct to the best of his / her knowledge and belief.
Helen L. Lorenz
 Agent Signature
 Subscribed and sworn to before me on this _____ day of _____, _____.

Notary Public

My Commission Expires: _____