


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>A G V Corp.</u>		License Number: <u>5039</u>
Operator Address: <u>P. O. Box 377 Attica, Ks 67009</u>		
Contact Person: <u>Larry G. Mans</u>		Phone Number: <u>(620) 254-7222</u>
Permit Number (API No. if applicable): <u>15-007-23481-00-00</u>		Lease Name: <u>Spicer</u>
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: <u>5</u> Source Location (QQQQ): <u> - NE - NE - SE</u> Sec. <u>29</u> Twp. <u>33</u> R. <u>10</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>330</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>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 <u>NA</u>		
Location of waste disposal:		Date of Waste Transfer: <u>12-14-2009</u>
Operator Name: <u>A G V Corp.</u>		License No.: <u>5039</u>
Lease Name: <u>Hospital #2</u>		Sec. <u>24</u> Twp. <u>32</u> R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>D-28,206</u>		County: <u>Harper</u>
Comments:		
<p>RECEIVED FEB 10 2010 KCC WICHITA</p>		
<p>The undersigned hereby certifies that he / she is <u>Secretary</u> for <u>A G V Corp.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief.</p> <p>Subscribed and sworn to before me on this <u>9</u> day of <u>February</u>, <u>2010</u></p> <p style="text-align: right;"><u>Larry G. Mans</u> Agent Signature</p> <p style="text-align: center;"> <u>Kayan Howell</u> Notary Public</p> <p>My Commission Expires: <u>My Appt. Expires April 24, 2011.</u></p>		