



KANSAS CORPORATION COMMISSION 1035977  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>O'Brien Energy Resources Corp.</b>		License Number: <b>32211</b>	
Operator Address: <b>18 CONGRESS ST, STE 207 PORTSMOUTH NH 03801 4091</b>			
Contact Person: <b>JOSEPH FORMA</b>		Phone Number: ( <b>603</b> ) <b>427 - 2099</b>	
Permit Number (API No. if applicable): <b>15-119-21241-00-00</b>		Lease Name: <b>RICKERS RANCH EXTENSION</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>6-19</b>	
		Source Location (QQQQ): <u>SW</u> <u>SE</u> <u>NE</u> <u>NE</u> Sec. <u>19</u> Twp. <u>33</u> R. <u>29</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1150</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>500</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Meade</u> County	
Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste:    _____ No. of loads <u>250</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>11/23/2009</u>	
Operator Name: <u>Dillco Fluid Service, Inc.</u>		License No.: <u>6652</u>	
Lease Name: <u>FOUNTAIN</u>		Sec. <u>5</u> Twp. <u>26</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D27029</u>		County: <u>MEADE</u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Dillco Fluid Service</p> <p style="font-size: 1.5em; margin-top: 20px;">Submitted Electronically</p>			