



KANSAS CORPORATION COMMISSION 1036507
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Lotus Operating Company, L.L.C.		License Number: 31980	
Operator Address: 100 S MAIN STE 420 WICHITA KS 67202 3737			
Contact Person: Tim Hellman		Phone Number: (316) 262 - 1077	
Permit Number (API No. if applicable): 15-007-23475-00-00		Lease Name: Fitzgerald	
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: 5	
		Source Location (QQQQ): <u>W2 - W2 - NE - SW</u> Sec. <u>19</u> Twp. <u>34</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1980</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1485</u> Feet from <input type="checkbox"/> East / <input checked="" 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: _____ No. of loads <u>1170</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>1/15/2010</u>	
Operator Name: <u>HERMAN L. LOEB, LLC</u>		License No.: <u>3273</u>	
Lease Name: <u>LOHMANN A</u>		Sec. <u>3</u> Twp. <u>35</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>15-007-21114-0000</u> <u>P20126,6</u>		County: <u>Barber</u>	
Comments:			
<p style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">Fluid 3/13/10</p> <p style="font-size: 1.2em; margin-top: 20px;">Submitted Electronically</p>			