


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-6  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <u>S-B OIL COMPANY</u>		License Number: <u>3715</u>	
Operator Address: <u>921 West 41st Hays, KS 67601</u>			
Contact Person: <u>Chris Gottschalk</u>		Phone Number: ( <u>785</u> ) <u>623-1524</u>	
Permit Number (API No. if applicable): <u>065-<sup>23552</sup><del>23,544</del>-00-00</u>		Lease Name: <u>STEHNO # 3</u>	
Source of Waste:		Well Number: <u>3</u>	
<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"/> Spill / Escape		Source Location (QQQQ): <u>    </u> <u>S/2</u> <u>N/2</u> <u>NW</u> Sec. <u>35</u> Twp. <u>7S</u> R. <u>21W</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1060</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1400</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Graham</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>5</u> No. of loads <u>400</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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>6/8/09</u>	
Operator Name: <u>CLA-MAR OIL COMPANY</u>		License No.: <u>6509</u>	
Lease Name: <u>DECHANT # 1 (SWD)</u>		Sec. <u>17</u> Twp. <u>14S</u> R. <u>18W</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>D-24904</u>		County: <u>Ellis</u>	

**RECEIVED**  
**MAY 21 2010**  
**KCC WICHITA**

The undersigned hereby certifies that he / she is _____	
for <u>S-B OIL</u>	(Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.	
Subscribed and sworn to before me on this <u>1st</u> day of <u>April</u> , <u>2010</u>	<u>Chris Gottschalk</u> Agent Signature
 My Commission Expires <u>10/4/11</u>	<u>Michelle R. Haas</u> Notary Public