

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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JUL 20 2010

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

KCC WICHITA

Operator Name: <u>Helberg Oil Co.</u>		License Number: _____	
Operator Address: <u>P.O. Box 32, Morland, Ks 67650</u>			
Contact Person: <u>T.C. Helberg</u>		Phone Number: <u>(785) 216-0969</u>	
Permit Number (API No. if applicable): <u>15-051-25926-00-00</u>		Lease Name: <u>EMERICK 01-09</u>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input checked="" type="checkbox"/> Spill / Escape <u>RESERVE PIT</u>		Well Number: <u>01-09</u>	
		Source Location (QQQQ): <u>.SW. SE. NW</u>	
		Sec. <u>16</u> Twp. <u>13S</u> R. <u>16W</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u>2310</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
		<u>1650</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section	
		<u>ELLIS</u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>NONE</u>			
Amount of waste: <u>0</u> No. of loads <u>      </u> Barrels <u>      </u> Tons <u>      </u> YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <u>N/A</u>			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>			
Location of waste disposal: _____		Date of Waste Transfer: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:  <u>Burial in Place, No fluids Present. Well was a dry hole with no oil or salt water waste products. Fluids were not present during burial. No waste to transfer.</u>			
The undersigned hereby certifies that he / she is <u>OWNER</u>			
for <u>Helberg 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>19th</u> day of <u>July</u>		Agent Signature: <u>[Signature]</u>	
My Commission Expires: <u>9-18-10</u>		Notary Public: <u>[Signature]</u>	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

