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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Kansas Natural Gas Operating, Inc.		License Number: 32787	
Operator Address: P O Box 815 Sublette, KS 67877			
Contact Person: Steve Lehning		Phone Number: (620) 675 - 8185	
Permit Number (API No. if applicable): 15-081-21845-00-00		Lease Name: Wright	
Source of Waste:		Well Number: 2-3	
<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"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>NE - NW - NW - 1/4</u> Sec. <u>23</u> Twp. <u>29</u> R. <u>33</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>150'</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>975'</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Haskell</u> County	
<input checked="" type="checkbox"/> Off Site Reserve Pit			
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>1</u> No. of loads <u>95</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>12-12-08</u>	
Operator Name: <u>Nichols Fluid Service</u>		License No.: <u>31983</u>	
Lease Name: <u>Johnson 3</u>		Sec. <u>16</u> Twp. <u>34</u> R. <u>32</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>D27805</u>		County: <u>Seward Co</u>	
Comments:			
The undersigned hereby certifies that he / she is <u>Superintendent</u> for <u>KS Natural Gas Operating, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <u>Steven M. Lehning, Supt.</u> Agent Signature			
Subscribed and sworn to before me on this <u>12th</u> day of <u>July</u> , <u>2010</u>			
My Commission Expires:		 <u>Kraig L. Gross</u> Notary Public	