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KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Kansas Natural Gas Operating, Inc.</u>		License Number: <u>32787</u>	
Operator Address: <u>P O Box 815 Sublette, KS 67877</u>			
Contact Person: <u>Steve Lehning</u>		Phone Number: ( <u>620</u> ) <u>675 - 8185</u>	
Permit Number (API No. if applicable): <u>15-081-21847-00-00</u>		Lease Name: <u>H McCoy</u>	
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 checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape <p style="text-align: center;"><b>Off-Site Reserve Pit</b></p>		Well Number: <u>1-3</u> Source Location (QQQQ): <u>NW - NW - NW - 1/4</u> Sec. <u>36</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>680'</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Haskell</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>1</u> No. of loads <u>120</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>12-10-08</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>12<sup>th</sup></u> day of <u>July</u> , <u>2010</u>			
My Commission Expires: _____		<u>Kraig L. Gross</u> Notary Public	

