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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

KCC WICHITA

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Oil Producers Inc. of Kansas		License Number: 8061	
Operator Address: 1710 Waterfront Parkway, Wichita, KS 67206			
Contact Person: Lori Zehr		Phone Number: ( 316 ) 681 - 231	
Permit Number (API No. if applicable): 15-163-21443-00-01		Lease Name: Koppes	
Source of Waste:		Well Number: 1-21 SWD	
<input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		<input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	
Source Location (QQQQ): _____ - NW - NW - NE Sec. <u>21</u> Twp. <u>7</u> R. <u>19</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>4950</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2310</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ Rooks _____ County			
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ 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 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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:  No fluids hauled.			
The undersigned hereby certifies that he/she is <u>Chief Operating officer</u> for <u>Oil Producers Inc. of Kansas</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>7<sup>th</sup></u> day of <u>July</u>		<u>TZ</u> Agent Signature	
<u>May 5, 2014</u> My Commission Expires: _____		<u>Lori A Zehr</u> Notary Public	
My Appt. Expires <u>5/5/14</u>			