


KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <b>Southern Star Central Gas Pipeline</b>		License Number: <b>33097</b>	
Operator Address: <b>4700 Highway 56 Owensboro, Kentucky 42301</b>			
Contact Person: <b>Steve Benjamin</b>		Phone Number: <b>( 785 ) 448 - 3941</b>	
Permit Number (API No. if applicable): <b>15-003-21210 - 0000</b>		Lease Name: <b>North Welda Lytle</b>	
Source of Waste:  <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		Well Number: <b>13</b>	
		Source Location (QQQQ): <b>SE NE NW</b> Sec. <b>27</b> Twp. <b>21</b> R. <b>19</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>4215</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>3265</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Anderson</b> 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: _____ No. of loads <b>60</b> 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: <b>6-26-09</b>	
Operator Name: <b>Hurricane Trucking &amp; Well Service</b>		License No.: <b>32006</b>	
Lease Name: <b>Curry Disposal Well</b>		Sec. <b>15</b> Twp. <b>22</b> R. <b>11</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: <b>D-26,554</b>		County: <b>Greenwood</b>	
<b>RECEIVED</b> <b>APR 12 2010</b> <b>KCC WICHITA</b>			
The undersigned hereby certifies that he / she is <b>Senior Storage Specialist</b> for <b>SSCGP</b> (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 <b>7<sup>th</sup></b> day of <b>April</b> , <b>2010</b>		Agent Signature _____	
		<b>Jody L. Troyer</b> Notary Public	