

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: The Bill Bowman Oil Company		License Number: 33263
Operator Address: 2640 W Road Natoma, Kansas 67651		
Contact Person: William "Bill" Bowman		Phone Number: (785) 885 - 2640
Permit Number (API No. if applicable): #15-195-19004-0000		Lease Name: Newcomer
Source of Waste:		Well Number: #5
<input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		Source Location (QQQQ): <u> C - <u> SE - <u> SE - <u> NW </u> Sec. <u> 1 </u> Twp. <u> 12S </u> R. <u> 23 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 2310 </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 Trego County, Kansas _____ County </u></u></u>
<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		

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: **No waste to transfer**

Amount of waste: _____ No. of loads **0** Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: _____

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: **April 9, 2010**

Operator Name: _____ License No.: _____

Lease Name: _____ Sec. _____ Twp. _____ R. _____ East West

Docket No./API No.: _____ County: _____

Comments:

After well plugging completed, there was no waste to transfer.


RECEIVED
APR 19 2010
KCC WICHITA

The undersigned hereby certifies that (he) / she is **The owner**

for **The Bill Bowman Oil Company** (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 **16th** day of **April** , **2010**


 [Signature]
 Agent Signature

 [Signature]
 Notary Public

My Commission Expires: **May 28, 2010**