

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Tengasco, Inc.		License Number: 32278
Operator Address: PO Box 458 Hays, KS 67601		
Contact Person: Gary Wagner		Phone Number: (785) 625 - 6374
Permit Number (API No. if applicable): 15-185-20751 <i>0000</i>		Lease Name: Beckerdite
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: #1 Source Location (QQQQ): <u>E/2 - W/2 - NW</u> - _____ Sec. <u>21</u> Twp. <u>24</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>3960</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>4290</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Stafford</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: _____ No. of loads <u>20</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>7/30/10</u>
Operator Name: <u>Tengasco, Inc.</u>		License No.: <u>32278</u>
Lease Name: <u>Beckerdite #2 SWD</u>		Sec. <u>21</u> Twp. <u>24</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u>D-26,547</u>		County: <u>Stafford</u>
Comments:		

RECEIVED
AUG 12 2010
KCC WICHITA

The undersigned hereby certifies that he / she is <u>Production Manager</u>	
for <u>TENGASCO, 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.	
Subscribed and sworn to before me on this <u>11th</u> day of <u>Aug</u> , <u>2010</u>	<u><i>Gary Wagner</i></u> (Agent Signature)
My Commission Expires: <u>2/15/2012</u>	<u><i>Linda R. Hammond</i></u> Notary Public