

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>VAL ENERGY INC.</b>		License Number: <b>5822</b>
Operator Address: <b>200 W. DOUGLAS SUITE 520</b>		
Contact Person: <b>K. TODD ALLAM</b>		Phone Number: ( <b>316</b> ) <b>263 - 6688</b>
Permit Number (API No. if applicable): <b>15-007-23513-00-00</b>		Lease Name: <b>NE SPRINGER UNIT</b>
Source of Waste:		Well Number: <b>1-2</b>
<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 type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>      </u> - SW - <u>      </u> - NE - <u>      </u> NE Sec. <u>  2  </u> Twp. <u> 33S </u> R. <u> 12 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  990  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  990  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  BARBER  </u> County
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: <u>  3  </u> No. of loads <u> 240 </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 checked="" type="checkbox"/> No		
Location of waste disposal:		Date of Waste Transfer: <b>6-21-2010</b>
Operator Name: <b>VAL ENERGY INC</b>		License No.: <b>5822</b>
Lease Name: <b>MARY DIEL SWD</b>		Sec. <u> 29 </u> Twp. <u> 34S </u> R. <u> 11 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <b>D30438</b>		County: <b>BARBER</b>
Comments:		

**RECEIVED**  
**SEP 17 2010**  
**KCC WICHITA**

The undersigned hereby certifies that he / she is   AGENT    
for   VAL ENERGY   (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief. \_\_\_\_\_  
Agent Signature

Subscribed and sworn to before me on this   17   day of   September  ,   2010  .

My Commission Expires:   2/24/2014   \_\_\_\_\_  
Notary Public

