


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Kelly Crissman		License Number: 32385	
Operator Address: 209 S. Main St. John KS 67576			
Contact Person: Kelly Crissman		Phone Number: (620) 549 - 6244	
Permit Number (API No. if applicable): 15-145-21294 0000		Lease Name: Johnson	
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: 1 Source Location (QQQQ): E2 - W2 - SW - SE Sec. 13 Twp. 23 R. 15 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 660 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 3210 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Pawnee 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: 1 No. of loads 30 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: 3-26-09	
Operator Name: Gee Oil Service		License No.: 34260	
Lease Name: Hyter		Sec. 12 Twp. 24 R. 15 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: 15-185-20979 D19913.0		County: Stafford	
Comments: NONE			
The undersigned hereby certifies that he / she is <u>PRESIDENT - SECRETARY - TREASURER</u> for <u>KELLY F. CRISSMAN</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his / her knowledge and belief. <u><i>Kelly F. Crissman</i></u> Agent Signature			
Subscribed and sworn to before me on this <u>14th</u> <u>December</u> , <u>2010</u>  NICOLE L. SANDERS My Commission Expires <u>06/23/14</u> <u><i>Nicole L. Sanders</i></u> Notary Public			
			RECEIVED DEC 15 2010