

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Murfin Drilling Co., Inc.		License Number: 30606
Operator Address: 250 N Water Suite 300 Wichita KS 67202		
Contact Person: Stan Froetschner		Phone Number: (785) 483 - 5371
Permit Number (API No. if applicable): 15-185-21312-00-02		Lease Name: Morrison
Source of Waste:		Well Number: #1 SWD
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input 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> - <u>SW SW NE</u> Sec. <u>28</u> Twp. <u>21</u> R. <u>13</u> <input checked="" type="checkbox"/> East <input checked="" type="checkbox"/> West <u>3013</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2397</u> Feet from <input checked="" type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Stafford</u> County

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: 8 No. of loads 640 Barrels _____ Tons _____ YDS

Destination of waste: Reserve 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: <u>3-11-09 thru 3-16-09</u>
Operator Name: <u>Murfin Drilling Co., Inc</u>	License No.: <u>30606</u>
Lease Name: <u>Fischer #2 SWD</u>	Sec. <u>13</u> Twp. <u>22</u> R. <u>13</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West
Docket No.: <u>D 20888.0</u>	County: <u>Stafford</u>


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KCC WICHITA

The undersigned hereby certifies that he / she is Production Superintendent
for Murfin Drilling Co., Inc. (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief. Stan Froetschner
Agent Signature

Subscribed and sworn to before me on this 17th day of March, 2009

 MAUREEN E. AXELSON
Notary Public - State of Kansas
My Commission Expires: My Appt. Expires 7-19-11

Maureen E. Axelson
Notary Public