

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Murfin Drilling Co., Inc.</u>		License Number: <u>30606</u>
Operator Address: <u>250 N Water Suite 300 Wichita KS 67202</u>		
Contact Person: <u>Stan Froetschner</u>		Phone Number: <u>(785) 483 - 5371</u>
Permit Number (API No. if applicable): <u>15-185-21312-00-00</u>		Lease Name: <u>Morrison</u>
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: <u>#1 SWD</u> Source Location (QQQQ): <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: 11 No. of loads 880 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: 3-11-09 thru 3-16-09

Operator Name: Paul's Oilfield Service Inc License No.: 31085

Lease Name: Stargel Sec. 4 Twp. 22 R. 12 East West


Docket No.: D21908 County: Stafford

RECEIVED
DEC 15 2010
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. [Signature]
Agent Signature

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

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

[Signature]
Notary Public

My Commission Expires: _____