

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

07

Operator Name: <u>Woolsey Operating Company, LLC</u>		License Number: <u>33168</u>
Operator Address: <u>125 N. Market, Suite 1000, Wichita, KS 67202</u>		
Contact Person: <u>William Gallaugher</u>		Phone Number: (<u>620</u>) <u>886 - 5606 #24</u>
Permit Number (API No. if applicable): <u>15-007-23151 0000</u>		Lease Name: <u>Logan</u>
Source of Waste:		Well Number: <u>3-X</u>
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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		Source Location (QQQQ): <u>N2 - S2 - N2 - NE</u> Sec. <u>19</u> Twp. <u>34</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>900'</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1320'</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 checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____		
Amount of waste: <u>18</u> No. of loads <u>1455</u> Barrels _____ Tons _____ YDS		
Destination of waste: <input type="checkbox"/> Reserve 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>7/11, 7/16 & 7/17/07</u>
Operator Name: <u>Woolsey Operating Company, LLC</u>		License No.: <u>33168</u>
Lease Name: <u>Swartz #1 SWD</u>		Sec. <u>1</u> Twp. <u>34</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>D-28,865</u>		County: <u>Barber</u>

The undersigned hereby certifies that he / she is Assistant Field Manager
 for Woolsey Operating Company, LLC (Co.), a duly authorized agent, that all information shown hereon is true
 and correct to the best of his / her knowledge and belief.

William R Gallaugher
Agent Signature

Subscribed and sworn to before me on this 18 day of October 2007

Charlotte C Hoagland
Notary Public

My Commission Expires  8/23/08

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 09 2007