

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

07

Operator Name: <b>Carmen Schmitt Inc.</b>		License Number: <b>6569</b>
Operator Address: <b>PO Box 47, Great Bend, KS 67530</b>		
Contact Person: <b>Jacob Porter</b>		Phone Number: <b>( 620 ) 793 - 5100</b>
Permit Number (API No. if applicable): <b>15-145-21557 <del>0000</del></b>		Lease Name: <b>Ford</b>
Source of Waste:		Well Number: <b>1</b>
<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>  </u> - <u>  </u> / <u>  </u> - <u>  </u> <u>  </u> - <u>  </u> <u>  </u> - <u>  </u> Sec. <u>  6  </u> Twp. <u> 22s </u> R. <u> 15 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 100 </u> fml    Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South    Line of Section <u> 660 </u> fml    Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West    Line of Section <u> Pawnee </u> County

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

Amount of waste:      1   No. of loads     80  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:  7/6/07 

Operator Name:  Brackeen Line Cleaning, Inc.       License No.:  9952 

Lease Name:  Praeger       Sec.  27     Twp.  17s     R.  11        East  West

Docket No.:  D-20,704       County:  Barton 

**RECEIVED**  
SEP 12 2007  
**KCC WICHITA**

The undersigned hereby certifies that he / she is  Operations Manager   
for  Carmen Schmitt Inc.  (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief.       Jacob L Porter   
Agent Signature

Subscribed and sworn to before me on this  10th  day of  September ,  2007 

My Commission Expires:  12-13-07 

NOTARY PUBLIC - State of Kansas  
-ELAINE MEYER  
My Appt. Exp.  12-13-07

 Elaine Meyer   
Notary Public