

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: EOG Resources, Inc.		License Number: 5278	
Operator Address: 3817 NW Expressway, Suite 500, Oklahoma City, OK 73112			
Contact Person: Sheila Rogers		Phone Number: (405) 246 - 3236	
Permit Number (API No. if applicable): 15-189-22764-00-00		Lease Name: High Plains Trust	
Source of Waste:		Well Number: 16 #1	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input 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 checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>NE</u> - <u>NW</u> - <u>NE</u> - <u>SE</u> Sec. <u>16</u> Twp. <u>33</u> R. <u>38</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2545</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>724</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Stevens</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>1</u> No. of loads <u>120</u> 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: <u>04/05/2011</u>	
Operator Name: <u>Hayden, Shawn or Blanche dba Hayden Operating</u>		License No.: <u>33562</u>	
Lease Name: <u>Liz Smith</u>		Sec. <u>26</u> Twp. <u>30</u> R. <u>34</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D26802</u>		County: <u>Haskell</u>	
Comments:			

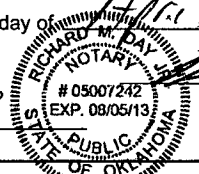
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The undersigned hereby certifies that he / she is Applicant
for EOG Resources, Inc. (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this 19th day of April, 2011

My Commission Expires: 8/5/13



Sheila Rogers
Agent Signature
[Signature]
Notary Public