

*Corrected Copy

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: WOOLSEY OPERATING COMPANY, LLC		License Number: 33168	
Operator Address: 125 N. MARKET STE 1000, WICHITA, KS 67202-1729			
Contact Person: CARL W. DURR / CAROL WARD		Phone Number: (620) 886 - 5606 EXT 21	
Permit Number (API No. if applicable): 15-007-21687-00-0		Lease Name: POSTON	
Source of Waste:		Well Number: 1	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): _____ - NE - SW - SE Sec. <u>11</u> Twp. <u>34</u> R. <u>9</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>327'</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2333'</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Harper _____ 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>3</u> No. of loads <u>360</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 type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>09/03/2010</u>	
Operator Name: <u>Woolsey Operating Co, LLC</u>		License No.: <u>33168</u>	
Lease Name: <u>SWARTZ</u>		Sec. <u>1</u> Twp. <u>34</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D30567</u>		County: <u>Barber</u>	
Comments:			

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JUL 05 2011
KCC WICHITA

The undersigned hereby certifies that he/ she is Field Manager
for Woolsey Operating (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 28 day of June 2011

Carl W. Durr
Agent Signature

Charlotte C Hoagland
Notary Public

My Commission Expires: _____
