

\*Corrected Copy

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>WOOLSEY OPERATING COMPANY, LLC</b>		License Number: <b>33168</b>	
Operator Address: <b>125 N. MARKET STE 1000, WICHITA, KS 67202-1729</b>			
Contact Person: <b>CARL W. DURR / CAROL WARD</b>		Phone Number: <b>( 620 ) 886 - 5606 EXT 21</b>	
Permit Number (API No. if applicable): <b>15-007-23599-00-00</b>		Lease Name: <b>GATES</b>	
Source of Waste: <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"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b>  Source Location (QQQQ): _____ - _____ - <b>NW</b> - <b>NE</b> Sec. <b>27</b> Twp. <b>34</b> R. <b>10</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>660</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>1980</b> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <b>Barber</b> 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>8</u> No. of loads <u>1070</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>10/29/2010</u>	
Operator Name: <u>Woolsey Operating Co, LLC</u>		License No.: <u>33168</u>	
Lease Name: <u>SCHOOLEY A</u>		Sec. <u>4</u> Twp. <u>35</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D30644</u>		County: <u>Barber</u>	
Comments:			

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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. Carl Ward  
Agent Signature

Subscribed and sworn to before me on this 29 day of June, 2011  
Charlotte C Hoagland  
Notary Public

