

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: C & K Oil Company		License Number: 31561	
Operator Address: P.O. Box 531		Claffin KS 67525	
Contact Person: Chris Hoffman		Phone Number: (620) 786 - 8744	
Permit Number (API No. if applicable): 15-159-22,157 0000		Lease Name: Dohrman	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input checked="" 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 type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: #4	
		Source Location (QQQQ): C - E2 - NE - NE	
		Sec. 22 Twp. 18 R. 10 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		4620 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		330' Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		Rice _____ 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>15</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: 05/30/2011	
Operator Name: Brackeen Line Cleaning		License No.: 9952	
Lease Name: Praeger #4 SWD		Sec. 27 Twp. 17 R. 11 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D-20,704		County: Barton	
Comments:			
<p>RECEIVED</p> <p>JUN 24 2011</p> <p>KCC WICHITA</p>			
The undersigned hereby certifies that he / she is <u>Consultant</u>			
for _____ (Co.), a duly authorized agent, that all information shown hereon is true			
and correct to the best of his / her knowledge and belief. <u>Tom Dickson</u>			
Agent Signature			
Subscribed and sworn to before me on this <u>23rd</u> day of <u>June</u> <u>2011</u>			
My Commission Expires: <u>4/13/2014</u>		<u>Karen J. Mitchell</u> Notary Public My Appt. Expires <u>4/13/2014</u>	