

15-107-24476-0000

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Bobcat Oilfield Service, Inc.		License Number: 3895	
Operator Address: 30805 Coldwater Road, Louisburg, Kansas 66053			
Contact Person: Bob Eberhart		Phone Number: (913) 285 - 0873	
Permit Number (API No. if applicable): 15-107-24476-00-00		Lease Name: North Baker	
Source of Waste: <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 type="checkbox"/> Haul-off Pit <input checked="" type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: B-2 Source Location (QQQQ): <u>NE</u> - <u>NW</u> - <u>NW</u> - <u>SW</u> Sec. <u>5</u> Twp. <u>20</u> R. <u>23</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>2481</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>4770</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Linn</u> County	

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

Amount of waste: 1 No. of loads 50 Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: steel pit

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of waste disposal: _____ Date of Waste Transfer: 9/22/2011

Operator Name: Bobcat Oilfield Service, Inc. License No.: 3895

Lease Name: North Baker Sec. 5 Twp. 20 R. 23 East West

Docket No./API No.: 15-107-24544-00-00 County: Linn

Comments:
**Fluids moved to steel pit on next well to be drilled.
 Cuttings put on lease roads.**

RECEIVED
 OCT 14 2011
 KCC WICHITA

The undersigned hereby certifies that he / she is Secretary
 for Bobcat Oilfield Service, 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 12th day of October, 2011

My Commission Expires: 6-15-15

Agent Signature: [Signature]
 Notary Public: [Signature]
**SUSAN CALDWELL
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 6-15-15**