

15-107-24553-0000

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): 15-107-24553-00-00		Lease Name: North Baker	
Source of Waste:		Well Number: C-6	
<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		Source Location (QQQQ): <u>NE</u> <u>NW</u> <u>NE</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>2330</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>3604</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: 9/28/2011

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.: 15-107-24545-00-00 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: 015-15

Agent Signature: _____
Notary Public: Susan Caldwell

Notary Public
SUSAN CALDWELL
NOTARY PUBLIC
STATE OF KANSAS
My Comm. Exp. 015-15