

15-185-22798-0000

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>Tengasco, Inc.</b>		License Number: <b>32278</b>
Operator Address: <b>PO BOX 458 Hays, KS 67601</b>		
Contact Person: <b>Gary Wagner</b>		Phone Number: ( <b>785</b> ) <b>625 - 6374</b>
Permit Number (API No. if applicable): <b>15-185-22798 0000</b>		Lease Name: <b>Beckerdite</b>
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b> Source Location (QQQQ): <b>65'S - W2 - W2 - NW</b> Sec. <b>21</b> Twp. <b>24</b> R. <b>13</b> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <b>1385</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>330</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Stafford</b> County

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

Amount of waste: \_\_\_\_\_ No. of loads **40** Barrels \_\_\_\_\_ Tons \_\_\_\_\_ YDS

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

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

Location of waste disposal: \_\_\_\_\_ Date of Waste Transfer: **8-10-11**

Operator Name: **Tengasco, Inc.** License No.: **32278**

Lease Name: **Beckerdite** Sec. **21** Twp. **24** R. **13**  East  West

Docket No./API No.: **D-26,547** County: **Stafford**

Comments: \_\_\_\_\_

RECEIVED  
SEP 02 2011  
KCC WICHITA

The undersigned hereby certifies that he / she is Production Manager  
 for Tengasco, 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 1st day of Sept. 2011  
 \_\_\_\_\_  
 Agent Signature

My Commission Expires: 2/15/2012  
 \_\_\_\_\_  
 Notary Public  
 Linda K. Pfannenstiel  
 NOTARY PUBLIC  
 STATE OF KANSAS  
 My App. Exp. 2/15/2012