

15-169-20326-0000

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2004
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: BOP West, LLC		License Number: 34439	
Operator Address: P.O. Box 129 Wooster, OH 44691			
Contact Person: Steve Sigler		Phone Number: (330) 264 - 8847	
Permit Number (API No. if applicable): 15-169-20326-00-00		Lease Name: Max Redden	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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: 1	
		Source Location (QQQQ): NE - SE - SW - SW	
		Sec. 21 Twp. 16S R. 1 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		530 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		1070 Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section	
		Saline 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>2</u> No. of loads <u>160</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve 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: 04-24-2011	
Operator Name: Scott's Production LLC		License No.: 34379	
Lease Name: Hess		Sec. 31 Twp. 15S R. 1 <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: E-23,931		County: Saline	

RECEIVED
SEP 30 2011
KCC WICHITA

The undersigned hereby certifies that he / she is President
for BOP West, LLC (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 21 day of September 2011

My Commission Expires: Nov. 4, 2012

[Signature]
Agent Signature

[Signature]
Notary Public
CHERYL L. BECKER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES NOV. 4, 2012