

15-169-20325-0000

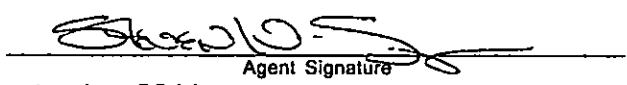
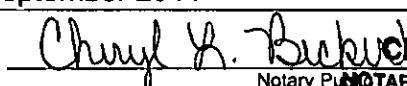
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <b>BOP West, LLC</b>		License Number: <b>34439</b>	
Operator Address: <b>P.O. Box 129 Wooster, OH 44691</b>			
Contact Person: <b>Steve Sigler</b>		Phone Number: <b>( 330 ) 264 - 8847</b>	
Permit Number (API No. if applicable): <b>15-169-20325-00-00</b>		Lease Name: <b>Harbin</b>	
Source of Waste:		Well Number: <b>2</b>	
<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		Source Location (QQQQ): <u>70° S S2</u> - <u>NE</u> - <u>NE</u> - <u>NE</u> Sec. <u>7</u> Twp. <u>16S</u> R. <u>1</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>565</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Saline</u> 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>80</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: <u>5-1-2011</u>	
Operator Name: <u>Scott's Production LLC</u>		License No.: <u>34379</u>	
Lease Name: <u>Hess</u>		Sec. <u>31</u> Twp. <u>15S</u> R. <u>1</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No.: <u>E-23,931</u>		County: <u>Saline</u>	

**RECEIVED**  
**SEP 30 2011**  
**KCC WICHITA**

The undersigned hereby certifies that he / she is <u>President</u>	
for <u>BOP West, LLC</u> (Co.), a duly authorized agent, that all information shown hereon is true	
and correct to the best of his / her knowledge and belief.	
 Agent Signature	
Subscribed and sworn to before me on this <u>21st</u> day of <u>September 2011</u>	
 <b>CHERYL L. BECKER</b> Notary Public	
My Commission Expires: <u>Nov. 4, 2012</u>	
NOTARY PUBLIC, STATE OF OHIO MY COMMISSION EXPIRES NOV. 4, 2012	