



KANSAS CORPORATION COMMISSION 1048428
OIL & GAS CONSERVATION DIVISION

Form GDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: F. G. Holl Company L.L.C.		License Number: 5056	
Operator Address: 9431 E CENTRAL STE 100 WICHITA KS 67206 2563			
Contact Person: Loveness Mpanje		Phone Number: (316) 684 - 8481	
Permit Number (API No. if applicable): 15-009-25489-00-00		Lease Name: KIRKMAN 'B'	
Source of Waste:		Well Number: 1-27	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit		<input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	
		Source Location (QQQQ): <u>SW</u> <u>SE</u> <u>NE</u> <u>NE</u> Sec. <u>27</u> Twp. <u>20</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1280</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>440</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barton</u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <u>None</u>			
Amount of waste: <u>0</u> No. of loads <u>0</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <u>Evaporation</u>			
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>12/05/2010</u>	
Operator Name: <u>Landowner</u>		License No.: <u>0</u>	
Lease Name: <u>None</u>		Sec. <u>27</u> Twp. <u>20</u> R. <u>14</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: _____		County: <u>Barton</u>	
Comments: No free fluids to haul off.			
Submitted Electronically			