

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>LG Twister, Inc.</u>		License Number: <u>34515</u>	
Operator Address: <u>Po Box 1686 Gillette Wy 82717</u>			
Contact Person: <u>Lee Greene</u>		Phone Number: <u>(307) 682-7380</u>	
Permit Number (API No. if applicable): <u>15065004470001</u>		Lease Name: <u>madden - Davis B</u>	
Source of Waste:		Well Number: <u>Well # 1</u>	
<input type="checkbox"/> Emergency Pit <input checked="" 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>E2 NE SE</u>	
		Sec. <u>17</u> Twp. <u>8</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
		<u>1980</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section	
		<u>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
		<u>Graham</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: _____ 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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:			
The undersigned hereby certifies that he / she is <u>Lee Greene</u> for <u>LG Twister</u> (Co.), a duly authorized agent, that all information shown hereon is and correct to the best of his / her knowledge and belief. Subscribed and sworn to before me on this <u>21st</u> day of <u>November</u> , <u>2011</u> My Commission Expires: <u>9-18-14</u>			
		Agent Signature: <u>[Signature]</u> Notary Public: <u>Donna Leslie</u> NOTARY PUBLIC - State of Kansas DONNA LESLIE My Comm. Exp. <u>9-18-14</u>	

RECEIVED

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