



KANSAS CORPORATION COMMISSION 1052142  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Hess Oil Company</b>		License Number: <b>5663</b>	
Operator Address: <b>PO BOX 1009 MCPHERSON KS 67460 1009</b>			
Contact Person: <b>Bryan Hess</b>		Phone Number: ( <b>620</b> ) <b>241 - 4640</b>	
Permit Number (API No. if applicable): <b>15-165-21913-00-00</b>		Lease Name: <b>Jennifer</b>	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: <b>1</b>	
		Source Location (QQQQ): <u>  <b>NW</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>SW</b>  </u> <u>  <b>SW</b>  </u> Sec. <u>  <b>15</b>  </u> Twp. <u>  <b>18</b>  </u> R. <u>  <b>19</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>652</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>  <b>803</b>  </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>  <b>Rush</b>  </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>  <b>65</b>  </u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off 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>  <b>2/18/2011</b>  </u>	
Operator Name: <u>  <b>American Warrior, Inc.</b>  </u>		License No.: <u>  <b>4058</b>  </u>	
Lease Name: <u>  <b>MOORE HAMZY</b>  </u>		Sec. <u>  <b>27</b>  </u> Twp. <u>  <b>19</b>  </u> R. <u>  <b>21</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D28845</b>  </u>		County: <u>  <b>Ness</b>  </u>	
Comments:			
Submitted Electronically			