



KANSAS CORPORATION COMMISSION 1051499  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Val Energy, Inc.</b>		License Number: <b>5822</b>	
Operator Address: <b>200 W DOUGLAS AVE STE 520 WICHITA KS 67202 3005</b>			
Contact Person: <b>K TODD ALLAM</b>		Phone Number: ( <b>316</b> ) <b>263 - 6688</b>	
Permit Number (API No. if applicable): <b>15-007-23623-00-00</b>		Lease Name: <b>MIKE PLATT</b>	
Source of Waste:		Well Number: <b>1-35</b>	
<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>  <b>N2</b>  </u> <u>  <b>S2</b>  </u> <u>  <b>N2</b>  </u> <u>  <b>NE</b>  </u> Sec. <u>  <b>35</b>  </u> Twp. <u>  <b>34</b>  </u> R. <u>  <b>11</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>890</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1320</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  <b>Barber</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>240</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>12/9/2010</b>  </u>	
Operator Name: <u>  <b>Val Energy, Inc.</b>  </u>		License No.: <u>  <b>5822</b>  </u>	
Lease Name: <u>  <b>MARY DIEL</b>  </u>		Sec. <u>  <b>29</b>  </u> Twp. <u>  <b>34</b>  </u> R. <u>  <b>11</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D30438</b>  </u>		County: <u>  <b>BARBER</b>  </u>	
Comments:			
Submitted Electronically			