



KANSAS CORPORATION COMMISSION 1051625  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Trans Pacific Oil Corporation</b>		License Number: <b>9408</b>	
Operator Address: <b>100 S MAIN STE 200 WICHITA KS 67202 3735</b>			
Contact Person: <b>Glenna Lowe</b>		Phone Number: ( <b>316</b> ) <b>262 - 3596</b>	
Permit Number (API No. if applicable): <b>15-167-20402-0000</b>		Lease Name: <b>STOPPEL</b>	
Source of Waste:		Well Number: <b>4</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>      </u> <u>SE</u> <u>  </u> <u>NW</u> <u>  </u> <u>SE</u> Sec. <u>24</u> Twp. <u>14</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1650</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1650</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Russell</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>No fluids</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>02/28/2011</u>	
Operator Name: <u>Trans Pacific Oil Corporation</u>		License No.: <u>9408</u>	
Lease Name: <u>XXXX</u>		Sec. <u>24</u> Twp. <u>14</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: _____		County: <u>Russell</u>	
Comments:  <p style="text-align: center;">There was no fluid to transfer.</p>			
Submitted Electronically			