



KANSAS CORPORATION COMMISSION 1051576  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Dvorachek, Harold A. dba Quest Development Co.</b>		License Number: <b>4175</b>	
Operator Address: <b>PO BOX 413 IOLA KS 66749 0413</b>			
Contact Person: <b>Hal Dvorachek</b>		Phone Number: ( <b>620</b> ) <b>365 - 5862</b>	
Permit Number (API No. if applicable): <b>15-031-22817-00-00</b>		Lease Name: <b>Mannschreck</b>	
Source of Waste:		Well Number: <b>6</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>NW</b>  </u> <u>  <b>NW</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>NE</b>  </u> Sec. <u>  <b>32</b>  </u> Twp. <u>  <b>22</b>  </u> R. <u>  <b>17</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>  <b>1404</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>1190</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  <b>Coffey</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: <u>  <b>1</b>  </u> No. of loads <u>  <b>80</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>01/31/2011</b>  </u>	
Operator Name: <u>  <b>Owen, Matthew</b>  </u>		License No.: <u>  <b>33662</b>  </u>	
Lease Name: <u>  <b>PIKE</b>  </u>		Sec. <u>  <b>5</b>  </u> Twp. <u>  <b>27</b>  </u> R. <u>  <b>10</b>  </u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: <u>  <b>15-073-22787</b>  </u> <u>  <b>D21961.0</b>  </u>		County: <u>  <b>Greenwood</b>  </u>	
Comments:			
Submitted Electronically			