

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2004  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>BOP West, LLC</b>		License Number: <b>34439</b>	
Operator Address: <b>P.O. Box 129 Wooster, OH 44691</b>			
Contact Person: <b>Steve Sigler</b>		Phone Number: <b>( 330 ) 264 - 8847</b>	
Permit Number (API No. if applicable): <b>15-115-21421-00-00</b>		Lease Name: <b>Everhart-Base Unit</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"/> -Spill / Escape		Well Number: <b>1</b>	
		Source Location (QQQQ): <b>20'S - 160' W - W/2 - W/2</b> Sec. <b>6</b> Twp. <b>17S</b> R. <b>1</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>2620</b> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <b>500</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Marion</b> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input checked="" type="checkbox"/> Other: <b>No waste transferred</b>			
Amount of waste: <u>0</u> No. of loads <u>0</u> Barrels    _____ Tons    _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: <b>No waste transferred</b>			
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: <b>NA</b>	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No.: _____		County: _____	

**RECEIVED**  
**NOV 21 2011**  
**KCC WICHITA**

The undersigned hereby certifies that he / she is President  
for BOP West, LLC (Co.), a duly authorized agent, that all information shown hereon is true  
and correct to the best of his / her knowledge and belief. \_\_\_\_\_  
Agent Signature

Subscribed and sworn to before me on this 16 day of November 2011

Cheryl L. Becker  
Notary Public

My Commission Expires: Nov. 4, 2012

**CHERYL L. BECKER**  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES NOV. 4, 2012