

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

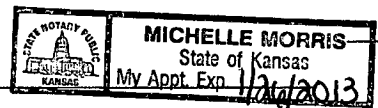
Operator Name: Kinder Morgan Gas Transmission LLC		License Number: #34002	
Operator Address: 145 N. Country Club Drive - Colby, KS 67701			
Contact Person: Mark Bredemeier		Phone Number: (785) 462 - 6815 ext. 223	
Permit Number (API No. if applicable): 15-137-20547-00-00		Lease Name: PXP #62	
Source of Waste:		Well Number: #1	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>SW</u> <u>NW</u> <u>SW</u> <u>SW</u> Sec. <u>10</u> Twp. <u>5S</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>685'</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>50'</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Norton</u> County	
Type of waste to be disposed: <input 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 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: _____	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <p style="text-align: center;">No Fluids Removed.</p>			

RECEIVED
NOV 18 2011
KCC WICHITA

The undersigned hereby certifies that he / she is: CORROSION TECHNICIAN
for KINDER MORGAN GAS TRANSMISSION LLC (Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.

Mark Bredemeier
Agent Signature

Subscribed and sworn to before me on this 17th day of November, 2011


MICHELLE MORRIS
State of Kansas
My Appt. Exp 1/26/2013

Michelle Morris
Notary Public