

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): 15-039-21127-00-00		Lease Name: PXP #68	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling 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		Well Number: #1	
		Source Location (QQQQ): <u> NW </u> - <u> NW </u> - <u> SW </u> - <u> NW </u> Sec. <u> 18 </u> Twp. <u> 3S </u> R. <u> 28 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1450' </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 50' </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> Decatur </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>			

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KCC WICHITA

The undersigned hereby certifies that he / she is **COLONY 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. **11/21/2013**

 Michelle Morris
Notary Public

My Commission Expires: _____