

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>VAUGHN Good Oil Co.</u>		License Number: <u>34549</u>
Operator Address: <u>P.O. Box 3744 ENID, OKIA 73702</u>		
Contact Person: <u>VAUGHN Good</u>		Phone Number: <u>(580)-554-0777</u>
Permit Number (API No. if applicable): <u>15 007-23699-00-00</u>		Lease Name: <u>NUSSER</u>
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 type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape <u>RESERVE PIT</u>		Well Number: <u>1-16</u> Source Location (QQQQ): <u>C - BWNW - NW</u> Sec. <u>16</u> Twp. <u>35 S</u> R. <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>990</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South. Line of Section <u>330</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>BARBER</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>10</u> No. of loads <u>1200</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>5-20, 21, 22-24</u>
Operator Name: <u>VAUGHN Good Oil Co. LLC</u>		License No.: _____
Lease Name: <u>SOUTHERN STAR SWD</u>		Sec. <u>20</u> Twp. <u>19 N</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: _____		County: <u>WOODS COUNTY - OKIA</u>
Comments:		

RECEIVED  
NOV 18 2011  
KCC WICHITA

The undersigned hereby certifies that he / she is THE OWNER OF VAUGHN Good Oil Co.  
for \_\_\_\_\_ (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief. U Vaughn Good  
Agent Signature

Subscribed and sworn to before me on this 15 day of November 2011.

My Commission Expires: 4-13-13  
Rita R Hunt  
Notary Public

