



KANSAS CORPORATION COMMISSION 1050092
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: G and T Petroleum Consulting and Management		License Number: 34385
Operator Address: PO BOX 8 MCCRACKEN KS 67556		
Contact Person: Jim Rutherford		Phone Number: (785) 394 - 1049
Permit Number (API No. if applicable): 15-135-20001-00-01		Lease Name: ELMORE 'D'
Source of Waste: <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		Well Number: 2 Source Location (QQQQ): <u> S2 </u> <u> N2 </u> <u> SE </u> <u> NE </u> Sec. <u> 14 </u> Twp. <u> 17 </u> R. <u> 21 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1830 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 660 </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u> Ness </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: _____ No. of loads <u> 1830 </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> 09/30/2010 </u>
Operator Name: <u> Downing-Nelson Oil Co Inc </u>		License No.: <u> 30717 </u>
Lease Name: <u> SWARTZ B </u>		Sec. <u> 10 </u> Twp. <u> 17 </u> R. <u> 21 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No./API No.: <u> 15-135-24323-00-01 </u> <u> D 28506.0 </u>		County: <u> Ness </u>
Comments: <p style="text-align: center;">Monthly total of daily water flowed to injection well by pipeline.</p>		
Submitted Electronically		