



KANSAS CORPORATION COMMISSION 1048089  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <b>Woolsey Operating Company, LLC</b>		License Number: <b>33168</b>	
Operator Address: <b>125 N MARKET STE 1000 WICHITA KS 67202 1729</b>			
Contact Person: <b>Carl W. Durr</b>		Phone Number: ( <b>620</b> ) <b>886 - 5606</b>	
Permit Number (API No. if applicable): <b>15-007-23597-00-00</b>		Lease Name: <b>DIEL D</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>3</b>	
		Source Location (QQQQ): <u>  <b>NW</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>SE</b>  </u> <u>  <b>NE</b>  </u>	
		Sec. <u>  <b>16</b>  </u> Twp. <u>  <b>34</b>  </u> R. <u>  <b>11</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>  <b>2100</b>  </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>  <b>365</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>  <b>Barber</b>  </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>  <b>1</b>  </u> No. of loads <u>  <b>75</b>  </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>  <b>11/12/2010</b>  </u>	
Operator Name: <u>  <b>Woolsey Operating Company, LLC</b>  </u>		License No.: <u>  <b>33168</b>  </u>	
Lease Name: <u>  <b>SWARTZ</b>  </u>		Sec. <u>  <b>1</b>  </u> Twp. <u>  <b>34</b>  </u> R. <u>  <b>11</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>  <b>D30567</b>  </u>		County: <u>  <b>Barber</b>  </u>	
Comments:			
Submitted Electronically			