

15-205-27952-0000

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Lew Marshall</u>		License Number: <u>5409</u>	
Operator Address: <u>P.O. Box 389 Eureka, Ks 67045 (304 East 9th)</u>			
Contact Person: <u>Bryan Marshall</u>		Phone Number: <u>(620) 583-5585</u>	
Permit Number (API No. if applicable): <u>205-27952-00-00</u>		Lease Name: <u>Lloyd Kebeck</u>	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Well Number: <u># 10</u> Source Location (QQQQ): <u>SE-SE-NW-NW</u> Sec. <u>10</u> Twp. <u>30</u> R. <u>15</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1155</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1155</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Wilson</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: <u>None</u>			
Amount of waste: _____ No. of loads _____ 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: <u>None</u>			
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>NA</u>	
Operator Name: <u>None</u>		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: <u>Pits evaporated.</u>			

The undersigned hereby certifies that he / she is Bryan Marshall POA Lew **RECEIVED**  
 for Lew Marshall (Co.), a duly authorized agent, that all information shown hereon is true **NOV 28 2011**  
 and correct to the best of his / her knowledge and belief. Bryan Marshall Agent Signature **KCC WICHITA**  
 Subscribed and sworn to before me on this 25th day of November, 2011  
 My Commission Expires: Nov. 7, 2012  
Sharyl A Gibson Notary Public

