



KANSAS CORPORATION COMMISSION 1055986
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Kent, Roger dba R J Enterprises		License Number: 3728	
Operator Address: 22082 NE Neosho Rd GARNETT KS 66032 1918			
Contact Person: Roger Kent		Phone Number: (785) 448 - 6995	
Permit Number (API No. if applicable): 15-003-24826-00-00		Lease Name: SOBBA	
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: 3-I	
		Source Location (QQQQ): <u>SW</u> - <u>NW</u> - <u>NE</u> - <u>NW</u> Sec. <u>18</u> Twp. <u>21</u> R. <u>20</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>4785</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>3885</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Anderson</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>140</u> Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input checked="" 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>03/16/2011</u>	
Operator Name: <u>Kent, Roger dba R J Enterprises</u>		License No.: <u>3728</u>	
Lease Name: <u>Sobba</u>		Sec. <u>18</u> Twp. <u>21</u> R. <u>20</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: <u>Anderson</u>	
Comments:			
Submitted Electronically			

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