

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Jay C. Boyer		License Number: 6139	
Operator Address: P. O. Box 511, Hays, KS			
Contact Person: Bill Schoenhofer		Phone Number: (620) 257 - 3294	
Permit Number (API No. if applicable): 15-155-21583.0000		Lease Name: Lubber	
Source of Waste:		Well Number: 4	
<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		Source Location (QQQQ): <u>SW</u> <u>SW</u> <u>SW</u> <u>NW</u> Sec. <u>36</u> Twp. <u>26</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>390</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Reno</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>120</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 checked="" type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u>2/6/2012</u>	
Operator Name: <u>Jay C. Boyer</u>		License No.: <u>6139</u>	
Lease Name: <u>Leo Stucky</u>		Sec. <u>1</u> Twp. <u>27</u> R. <u>8</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D19-4015, 6</u>		County: <u>Kingman</u>	
Comments:			

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FEB 08 2012
KCC WICHITA

The undersigned hereby certifies that he / she is Tim Hellman
Jay C. Boyer (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief. _____
Agent Signature

Subscribed and sworn to before me on this 7th day of February, 2012
My Commission Expires: March 4, 2014
Kimberly J. Love Notary Public

