

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Tengasco, Inc.		License Number: 32278	
Operator Address: PO Box 458 Hays, KS 67601			
Contact Person: Gary Wagner		Phone Number: (785) 625 - 6374	
Permit Number (API No. if applicable): 15-195-22730-00-00		Lease Name: Offutt A	
Source of Waste:		Well Number: 1	
<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>NE</u> <u>SW</u> Sec. <u>27</u> Twp. <u>15</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1416</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1617</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>Trego</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>160</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>10-16-11</u>	
Operator Name: <u>Tengasco, Inc.</u>		License No.: <u>32278</u>	
Lease Name: <u>Albers</u>		Sec. <u>23</u> Twp. <u>15</u> R. <u>25</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>D-30,584</u>		County: <u>Trego</u>	
Comments:			

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The undersigned hereby certifies that he / she is Production Manager
for Tengasco, Inc. (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 21st day of NOV 2011

My Commission Expires: 2/15/2012

Notary Public

NOTARY PUBLIC
Linda K. Pfannenstiel
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 2/15/2012