

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR SURFACE POND**

Form CDP-1
January 2001
Form must be Typed

Submit in Duplicate.

Operator Name: <u>D.R. Lauck Oil Co, Inc.</u>		License Number: <u>5427</u>
Operator Address: <u>P.O. Box 488 Ellinwood, Kansas 67526</u>		Cell <u>(620) 793-2712</u>
Contact Person: <u>Melvin G Urban</u>		Phone Number: <u>(620) 564-2013</u>
Lease Name: <u>Oeser # 6</u>		Pit Location:
Type of Pond: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Treatment Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	<u>SE</u> Qtr. Sec. <u>25S</u> Twp. <u>12W</u> R. <u>12</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W <u>2310'</u> Feet from N <u>(S)</u> (circle one) Line of Section <u>2310'</u> Feet from <u>(E)</u> W (circle one) Line of Section _____ Barton _____ County
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chloride concentration: _____ mg/l <i>(For Emergency Pits and Treatment Pits only)</i>
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Liner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How is the pit lined if a plastic liner is not used?
Pit dimensions (all but working pits): <u>30'</u> Length (feet) <u>8'</u> Width (feet) Depth from ground level to deepest point: <u>5'</u> (feet)		
If the pit is lined give a brief description of the liner material, thickness and installation procedure.		Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.
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Distance to nearest water well within one-mile of pit <u>none</u> feet Depth of water well _____ feet	Depth to shallowest fresh water <u>280'</u> feet. Source of information: _____ measured <input checked="" type="checkbox"/> well owner _____ electric log _____ KDWR	
Emergency, Treatment and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling and Workover Pits ONLY: Type of material utilized in drilling/workover: <u>Fresh Water</u> Number of working pits to be utilized: <u>one</u> Abandonment procedure: <u>Haul water to swd & backfill</u> Drill pits must be closed within 365 days of spud date.	
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.		
<u>May 4, 2012</u> Date	<u>Melvin G Urban</u> Signature of Applicant or Agent	RECEIVED MAY 07 2012 KCC WICHITA

KCC OFFICE USE ONLY		
Date Received: <u>5-7-12</u>	Permit Number: <u>15-009-03384</u> ⁰⁰⁰⁰ <u>VerB</u>	Permit Date: <u>5-7-12</u> Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Operator & Address: D.R. Lank Oil Co
Lic. # 3427 Contact Person: Melvin Urban Phone # 620-793-2712
Lease Name & Well # Reset #6 API # or Spud Date: 15-009-03387-00-00
Location: SE SE 1/4 Sec: 25 Twp: 16 Rge: 12 E / W County: BT
2310 feet from the North / South Line, 2310 feet from the East / West Line of SE 1/4 section.
Purpose of Pit: WACK OVER Depth to Ground Water: _____

Mixture of Fluids: Cement, Salt water brine, Oil
Construction: Dirt, Width: 8, Length: 30, Depth: 5 bbl capacity: 120
Liner Specifications: Plastic lined

This lease produces from the following formation(s): AMS
Date of Verbal Permit: 5-7-2012, KCC Agent: [Signature]

To save paperwork, copy this form after completion of the first 11 lines. Use copy for closure form.
Dates Pit Used: From 5-7-2012 To 6-8-2012 Date Water Hauled: _____
Proposed Closing Procedure / Actual Closure information: _____

Pit must be closed in _____ days. _____ (signature) _____ (date)
***** KCC USE ONLY *****

Groundwater Sensitive Area YES () NO (); Field Inspection Date: _____, Agent: _____
Chloride of Water in Pit: _____, Date Collected: _____
_____ feet to nearest Water Well. Depth of Water Well: _____, Application Tabulated

RECEIVED
MAY 14 2012
KCC WICHITA