

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form GDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: OXY USA, INC.		License Number: 5447	
Operator Address: P.O. BOX 2528 LIBERAL, KS 67905			
Contact Person: LAURA BETH HICKERT		Phone Number: (620) 629 - 4253	
Permit Number (API No. if applicable): 15-081-21973-00-00		Lease Name: JAMES OPERATING UNIT A	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input checked="" type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number: 9 Source Location (QQQQ): <u>SE</u> - <u>SE</u> - <u>SE</u> - <u>NW</u> Sec. <u>16</u> Twp. <u>30</u> R. <u>33</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2900</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2940</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section HASKELL 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>03/20/2012</u>	
Operator Name: NICHOLS FLUID SERVICES		License No.: 31983	
Lease Name: JOHNSON		Sec. <u>16</u> Twp. <u>34</u> R. <u>32</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: D27805		County: SEWARD	
Comments:			

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KCC WICHITA

The undersigned hereby certifies that he / she is <u>Laura Beth Hickert</u>	
for <u>Oxy USA, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true	
and correct to the best of his / her knowledge and belief.	
Subscribed and sworn to before me on this <u>9th</u> day of <u>July</u>	<u>Laura Beth Hickert</u> Agent Signature
	<u>2012</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ANITA PETERSON Notary Public, State of Kansas My Comm. Expires <u>Oct 1, 2013</u> My Appt. Expires October 1, 2013 </div> <u>Anita Peterson</u> Notary Public	