

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-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): 15-055-22147-00-00		Lease Name: HYLBOM 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: 3 Source Location (QQQQ): <u> NW - SE - NW - NW </u> Sec. <u> 30 </u> Twp. <u> 23 </u> R. <u> 34 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 731 </u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u> 870 </u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u> FINNEY </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> 05/21/2012 </u>	
Operator Name: <u> NICHOLS FLUID SERVICES </u>		License No.: <u> 31983 </u>	
Lease Name: <u> JOHNSON </u>		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.: <u> D27805 </u>		County: <u> SEWARD </u>	
Comments:			

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KCC WICHITA

The undersigned hereby certifies that he / she is **Laura Beth Hickert**
 for **Oxy USA, Inc.** (Co.), a duly authorized agent, that all information shown hereon is true
 and correct to the best of his / her knowledge and belief.

 Laura Beth Hickert
Agent Signature

Subscribed and sworn to before me on this **9th** day of **July** , **2012**

ANITA PETERSON
Notary Public - State of Kansas
My Appt. Expires October 1, 2013
My Commission Expires: **08/01, 2013**

 Anita Peterson
Notary Public