

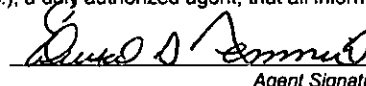
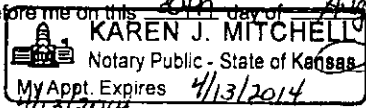
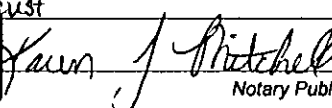
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>D.S. & W. Well Servicing, Inc.</u>		License Number: <u>6901</u>	
Operator Address: <u>1822 24th Street Great Bend, KS 67530</u>			
Contact Person: <u>Edward Nemnich</u>		Phone Number: (<u>620</u>) <u>793 - 5838</u>	
Permit Number (API No. if applicable): <u>15-009-03094-0000</u>		Lease Name: <u>Lena A</u>	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Workover Pit <input 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		Well Number: <u>#2</u> Source Location (QQQQ): <u> </u> - <u>E2</u> - <u>SW</u> - <u>NE</u> Sec. <u>27</u> Twp. <u>16</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>3300</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1650</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>Barton</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: <u>1</u> No. of loads <u>40</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>07/12/2012</u>	
Operator Name: <u>Brackeen Line Cleaning, Inc.</u>		License No.: <u>9952</u>	
Lease Name: <u>G Praeger</u>		Sec. <u>27</u> Twp. <u>17</u> R. <u>11</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Docket No./API No.: <u>15-009-22512-0000</u> <u>D 20704.0</u>		County: <u>Barton</u>	
Comments:			

RECEIVED
AUG 31 2012
KCC WICHITA

The undersigned hereby certifies that he / she is <u>Corp. Secretary - Treasurer</u>	
for <u>D.S. & W. Well Servicing, 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.	
 Agent Signature	
Subscribed and sworn to before me on this <u>20th</u> day of <u>August</u> , <u>2012</u>	
 KAREN J. MITCHELL Notary Public - State of Kansas My Appt. Expires <u>4/13/2014</u>	 Notary Public
My Commission Expires: <u>4/13/2014</u>	