

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 27570 HOUSTON, TX 77227-7570			
Contact Person: LAURA BETH HICKERT		Phone Number: (620) 629 - 4253	
Permit Number (API No. if applicable): 15-055-22128-00-00		Lease Name: GARDEN CITY V	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input checked="" type="checkbox"/> Haut-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: 1	
		Source Location (QQQQ): <u> NW </u> - <u> SW </u> - <u> NW </u> - <u> SW </u> Sec. <u> 27 </u> Twp. <u> 23 </u> R. <u> 34 </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u> 1756 </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u> 150 </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 type="checkbox"/> No			
Location of waste disposal:		Date of Waste Transfer: <u> 02/26/2012 </u>	
Operator Name: <u> NICHOLS FLUID SERVICE, INC. </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> D-27805 </u>		County: <u> SEWARD </u>	
Comments:			

RECEIVED
MAY 18 2012
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.	
<u> <i>Laura Beth Hickert</i> </u> Agent Signature	
Subscribed and sworn to before me on this <u> 15th </u> day of <u> May </u> , <u> 2012 </u>	
<u> <i>Anita Peterson</i> </u> Notary Public	

ANITA PETERSON
Notary Public - State of Kansas
My Appt. Expires **October 1, 2013**
My Commission Expires **10-1, 2013**