

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**EXPLORATION & PRODUCTION WASTE TRANSFER**

Form CDP-5  
August 2004  
Form must be Typed

Operator Name: <u>Shields Oil Producers, Inc.</u>		License Number: <u>5184</u>
Operator Address: <u>Shields Bldg. Russell, KS 67665</u>		
Contact Person: <u>Michael McGlocklin</u>		Phone Number: ( <u>785</u> ) <u>483 - 3141</u>
Permit Number (API No. if applicable) <u>15-167-20,945 0000</u>		Lease Name: <u>Letsch</u>
Source of Waste:		Well Number: <u>14</u>
<input type="checkbox"/> Emergency Pit <input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Dike <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape		Source Location (QQQQ): <u>      - N/2 - NW - SE      </u> Sec. <u>27</u> Twp. <u>14</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2310</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>1980</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section <u>                    </u> Russell <u>                    </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>  15  </u> Barrels <u>      </u> Tons <u>      </u> YDS		
Destination of waste: <input type="checkbox"/> Reserve 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 <u>  N/A  </u>		
Location of waste disposal:		Date of Waste Transfer: <u>  4-13, 2012  </u>
Operator Name: <u>Shields Oil Producers, Inc.</u>		License No.: <u>  5184  </u>
Lease Name: <u>Morris #3 S.W.D.</u>		Sec. <u>22</u> Twp. <u>14</u> R. <u>13</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West
Docket No.: <u>  D-19,526  </u>		County: <u>  Russell  </u>
The undersigned hereby certifies that <u>he</u> / she is <u>Production Supervisor</u> for <u>Shields Oil Producers, Inc.</u> (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of <u>his</u> / her knowledge and belief. <u>Michael McGlocklin</u> Agent Signature Subscribed and sworn to before me on this <u>25<sup>th</sup></u> day of <u>May</u> , <u>2012</u> My Commission Expires: <u>2015-06-15</u> <u>Ruth Phillips</u> Notary Public		

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

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