

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: <u>Victor & JoAnn Clark</u>	License Number: <u>34809</u>
Operator Address: <u>4491 W. 1250 Rd. Centerville, KS 66056</u>	
Contact Person: <u>Victor Clark</u>	Phone Number: <u>(913) 898-2008</u>
Permit Number (API No. if applicable): <u>15-107-24668 0000</u>	Lease Name: <u>Clark</u>
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" 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 <input type="checkbox"/> Dike	Well Number: <u>1</u>
	Source Location (QQQQ): <u>SE - NW - NE - SW</u> Sec. <u>20</u> Twp. <u>21</u> R. <u>22</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>2145</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>3465</u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: <u>Linn</u>

No Waste to be Hauled: (If checked, provide an explanation as to why no waste was hauled in the Comments area.)

Type of waste to be disposed: Fluid Soil Mud / Cuttings Other: _____

Amount of waste: _____ No. of loads 80 Barrels _____ Tons _____ YDS

Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other: empty pit & use on next well

If waste is transferred to another reserve pit, is the lease active? Yes No

Location of Waste Disposal:
Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)

Date of Waste Transfer: 3/15/2013

Operator Name: _____ License No.: 34809

Lease Name: _____ Sec. 20 Twp. 21 R. 22 East West

Docket No./API No.: _____ County: Linn

Comments: _____

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 06 2013
CONSERVATION DIVISION
WICHITA, KS

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: 5/13 Signature: [Signature] Title: [Signature]