

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

Form CDP-5
May 2011
Form must be Typed

Operator Name: Peoples Oil, LLC		License Number: 34610	
Operator Address: 928 W. 4th Street, Ottawa, Kansas 66067			
Contact Person: Andy Peoples		Phone Number: (785) 418 - 1928	
Permit Number (API No. if applicable): 15-107-24620 0000		Lease Name: Cox	
Source of Waste:		Well Number: 24	
<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		Source Location (QQQQ): _____ - NE - NE - SW Sec. 21 Twp. 20 R. 22 <input checked="" type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 3089 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: 38.29439 , Long: -94.9837711 <small>(e.g. 38.00000) (e.g. -94.00000)</small> Datum: <input type="checkbox"/> NAD27 <input checked="" type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: LINN	
No Waste to be Hauled: <input checked="" type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)			
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input 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:			
Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)			
Operator Name: _____		Date of Waste Transfer: _____	
Lease Name: _____		License No.: _____	
Docket No./API No.: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Comments:		County: _____	
No waste to be hauled. An air rig was used for drilling. Very little water was produced, and it was allowed to evaporate before backfilling the pit.			
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
Date: 5/15/2014		Signature: <i>Andy Peoples</i>	
		Title: OPERATOR	

Mail to: KCC - Conservation Division, 130 S. Market - Room 207B, Wichita, Kansas 67202

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KANSAS CORPORATION COMMISSION

MAY 15 2014

CONSERVATION DIVISION
WICHITA, KS