

**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): 15-107-24662 0600		Lease Name: Cox	
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: 29 Source Location (QQQQ): SW - NE - NE - SW Sec. 21 Twp. 20 R. 22 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 2020 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 2250 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: 38.2930772 , Long: -94.9836543 <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</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.) Date of Waste Transfer: _____ Operator Name: _____ License No.: _____ Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West Docket No./API No.: _____ County: _____			
Comments: 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 2078, Wichita, Kansas 67202

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 15 2014

CONSERVATION DIVISION
WICHITA, KS