

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
July 2014  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: <u>Downing Nelson Oil Co., Inc.</u>		License Number: <u>30717</u>	
Operator Address: <u>PO Box 1019 Hays, KS 67601</u>			
Contact Person: <u>Michele Meier</u>		Phone Number: ( <u>785</u> ) <u>621</u> - <u>2610</u>	
Permit Number (API No. if applicable): <u>15-195-23026-00-00</u>		Lease Name: <u>Herbert West</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>2-19</u>  Source Location (QQQQ): <u>SW</u> - <u>SW</u> - <u>NE</u> - <u>NW</u> Sec. <u>19</u> Twp. <u>13s</u> R. <u>21</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1180</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>1600</u> Feet from <input type="checkbox"/> East / <input checked="" 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>Trego</u>	
No Waste to be Hauled: <input 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 checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: <u>10</u> No. of loads <u>800</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: Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)			
Operator Name: <u>American Tank Service, LLC</u>		Date of Waste Transfer: <u>8/1/2017 &amp; 8/8/2017</u>	
Lease Name: <u>Staab #1 (SWD)</u>		License No.: <u>34590</u>	
Docket No./API No.: <u>D-31,516</u>		Sec. <u>20</u> Twp. <u>12s</u> R. <u>22</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West	
Comments:		County: <u>Trego</u>	

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

Date: 10/03/2017    Signature: Michele Meier    Title: Office Manager