



KANSAS CORPORATION COMMISSION 1073374
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name:		License Number:	
Operator Address:			
Contact Person:		Phone Number: () - -	
Permit Number (API No. if applicable):		Lease Name:	
Source of Waste: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape		Well Number:	
		Source Location (QQQQ): - - - - Sec. Twp. R. <input type="checkbox"/> East <input type="checkbox"/> West _____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section _____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section _____ County	
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:		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:			
Submitted Electronically			

Phone (620) 544-2929
Hugoton, Kansas

Pit Water

DillCo
FLUID SERVICE, INC.
513 West 4th • P.O. Drawer 190
HUGOTON, KANSAS 67951

21040

WORK ORDER

To: Beraco Date 11-30-11 Disposal Well: Smith
Lease & Well Name Lacy 1-23

Description of Services Performed		S/C	
<u>1/8 Stanley DST</u>	<u>2 hrs</u>		
<u>1/23 125 Hbls P/W</u>	<u>3 hrs</u>		
Hours	<u>5</u>	Rate	<u>90.00</u>
Road Cond.	Location Cond.	Hours	Rate
		Total	<u>450 00</u>

DillCo Personnel Row 192
Customer's Signature _____

DILLCO FLUID SERVICE, INC.
Phone 620 544-2929 513 West Fourth St.

P/W

Hugoton, Kansas 67951, 11-30, 2011

Company Beraco
License No. _____
Destination Smith
Comments _____

Lease Lacy 1-23
Sec. _____ Twp. _____ Rge. _____ Co. _____
Time Loaded _____
Time Unloaded _____
Bbls. P/W Hauled 120
Driver Row
Truck No. 192