



KANSAS CORPORATION COMMISSION 1178472
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
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:		Well Number:	
<input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input 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): _____ - _____ - _____ - _____ 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 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: _____	
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 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:			

Submitted Electronically

JUL 21 2010

2322

Due in 30 days

HAYS RCVD.
JUL 19 2010



1218 MacArthur Rd • Hays, KS 67601
785-639-1595

HAYS RCVD.
JUL 27 2010

JUL 28 2010

INVOICE

CUSTOMER Beckxco Inc	LEASE Wolf #5
ADDRESS PO Box 723	OK mat
CITY, STATE, ZIP Hays KS 67601	

DATE	# OF TRUCKS	DESCRIPTION	PRICE	UNIT	AMOUNT
7-12-10	1	Haul free water off reserve pit 2 loads	85.00	2.5	212.50
7-13-10	1	Haul free water off reserve pit 6 loads	85.00	7.5	637.50
7-14-10	1	Haul free water off reserve pit 4 loads	85.00	4.5	382.50
7-15-10	1	Haul free water off reserve pit 5 loads	85.00	6.0	510.00
TO WOLF #2					
Total					1742.50

333 GL DATE: 100731
 GLMAJR: 2106 GLMINR: 1015
 A/C: _____ ENTITY: 7163003
 VIP # 14180 CBY /mm RBY _____
 DESC: _____

