



EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
Operator Address: _____	
Contact Person: _____	Phone Number: () -
Permit Number (API No. if applicable): _____	Lease Name: _____
<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit</p> <p><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape</p> <p><input type="checkbox"/> Dike</p>	<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>GPS Location: Lat: _____, Long: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></p> <p>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</p> <p>County: _____</p>
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

199-500

Invoice

Max Papay LLC

dba Max's Water Service
PO Box 1060 / 218 N. Post
Meade, KS 67864
620-873-5350/Fax 620-873-5399

Date	Invoice #
12/12/2013	9635

Bill To
Vincent Oil Corp 155 N. Market St. Ste 700 Wichita, KS 67202

P.O. No.	Terms	Project
		Freiker Farms 3-8

Quantity	Description	Rate	Amount
120	12/11/13 Sneed SWD / PIT Water/Reserve Pit	0.40	48.00
3	12/11/13 Transport Rate Per Hour	85.00	255.00
70	12/11/13 Sneed SWD / Reserve PIT /	0.40	28.00
3	Bobtail Rate Per Hour	65.00	195.00
120	12/12/13 Sneed SWD/ PIT Water	0.40	48.00
3	Transport Rate Per Hour	85.00	255.00
<p><i>Task Total</i></p> <p><i>MAX PAPAY</i></p> <p><i>Meade Co</i></p> <p><i>Sneed SWD</i></p>			
Total			\$829.00