1323415

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Griffin, Charles N.
License Number: 33936
Operator Address: PO BOX 347 PRATT KS 67124 0347
Contact Person: Charles N Griffin
Phone Number: (972) 342 - 4648
Permit Number *(API No. if applicable)*: 15-007-24037-00-01
Lease Name: SHARRON
Well Number: 3

Source of Waste:

- ☐ Emergency Pit
- ☐ Settling Pit
- ☐ Workover Pit
- ☑ Drilling Pit
- ☐ Burn Pit
- ☐ Haul-off Pit
- ☐ Steel Pit
- ☐ Spill / Escape
- ☐ Dike

Source Location (QQQQ): ____ - NW - NE - SE
Sec. 33 Twp. 32 R. 12 ☐ East ☑ West
2310 Feet from ☐ North / ☑ South Line of Section
990 Feet from ☑ East / ☐ West Line of Section
GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Barber

No Waste to be Hauled: ☑ *(If checked, provide an explanation as to why no waste was hauled in the Comments area.)*

Type of waste to be disposed: ☐ Fluid ☐ Soil ☐ Mud / Cuttings ☐ Other: ____

Amount of waste: ____ No. of loads ____ Barrels ____ Tons ____ YDS

Destination of waste: ☐ Reserve Pit ☐ Haul Off Pit ☐ Disposal Well ☐ Lease Road ☐ Dike / Berm ☐ Other: ____

If waste is transferred to another reserve pit, is the lease active? ☐ Yes ☐ No

Location of Waste Disposal:

Destination Out of State: ☐ *(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. ____ ☐ East ☐ West

Docket No./API No.: ____ County: ____

Comments:

Fluid evaporated.

Submitted Electronically