

Kansas Corporation Commission Oil & Gas Conservation Division

2 Form CDP-5 May 2011 Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: License Number:		T						
Phone Number: ()	Operator Name:	License Number:						
Permit Number (API No. If applicable):	Operator Address:							
Source of Waste: Emergency Pit	Contact Person:	Phone Number: () -						
Emergency Pit	Permit Number (API No. if applicable):	Lease Name:						
Workover Pit	Source of Waste:	Well Number:						
Type of waste to be disposed:	Workover Pit Drilling Pit Burn Pit Haul-off Pit Steel Pit Spill / Escape Dike	Sec Twp R East West Feet from North / South Line of Section Feet from East / West Line of Section GPS Location: Lat: , Long: (e.g. xx.xxxxx)						
Amount of waste:								
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.: Comments:	Type of waste to be disposed:							
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:	Amount of waste: No. of loads BarrelsTons YDS							
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:	Destination of waste: Reserve Pit Haul Off Pit Disposal Well Lease Road Dike / Berm Other:							
Destination Out of State:	If waste is transferred to another reserve pit, is the lease active? Yes No							
Lease Name:	Destination Out of State: (If checked, provide the location of where the waste was hauled in the Comments area.)							
Docket No./API No.: County:	Operator Name:	License No.:						
Comments:	Lease Name:	Sec Twp R East West						
	Docket No./API No.:	County:						
Submitted Electronically	Comments:							
Submitted Electronically								

REDDI ROC Plumbing, Sev	of Wichita, Inc.		NOSIS / SOLUTI	ON: Amp	and well	Inv. # 41	
Lic. No. 1589							
dba Little Joe's	When you're ready, we're "Reddi."				Company of the Compan		and the state of t
Clutter Olson MK Plumbing Derby Plumbing Andover Plumbing	(316) 681-3382				escribed, understand		* TOTAL
Date 1-15-16	Remit billing to:	an add	If additional charges due to unforeseen problems, or further diagnosis/solutions are needed, an addendum must be approved. Also, I agree to pay all charges upon completion or work, unless prior credit has been established with Reddi Root'r.				
Acct #	3901 N. BROADWAY WICHITA, KS 67219	CUSTO	OMER:				
P.O.	WICHIN, NO 0/219			WORK ADDEND	DUM NO. 1		
			I AGREE / DISAGREE to the additions in the price of \$				
City Mc Pheson State K Zip 67460 Home Phone Work Phone		713	atch Time 10-7 Time DAM 9 22 Time: Start	10-8 Time		53223 Yes □ No	
Address		QTY.	PARTS#	DES	CRIPTION	AMOUNT	TOTAL
City Stat	te Zip						
CHARGE CREDIT CARD EX	P. DATE APPROVAL CODE						
MC U VISA U							
Card No.		abase on the					
CASH \$	CHECK \$						124
ID#	JOB COMPLETE Yes						
SERVICE PERSON (1500)	Doce Her No 1			Total From	Additional Parts List	TOTAL PARTS	
WARRANTY		HRS	DESC	RIPTION	AMOUNT	TOTAL LABOR	
All materials supplied by Reddi Root's are covered by the manufacturers written warranty. Reddi Root's workmanship and labor are warranted as specified on the reverse side of this invoice if no warranty, see addendum.			KV			SUBTOTAL	
Thank			2 techs			ENVIRON. FEE	
Service performed satisfact APPROVED & ACCEPTED X	torily: Yes No No					TAX FINAL TOTAL	13,000 2