

KANSAS CORPORATION COMMISSION  
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:  <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	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  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

**Gabel Lease Service, Inc.**  
**P.O. Box 405**  
**Ness City, KS 67560**

DATE	INVOICE NO.
3/31/2017	0317-2228

**PAID**

<i>BILL TO</i>
<i>Concorde Resources Corp.</i> <i>P.O. Box 841</i> <i>Eufaula, OK 74432</i>

<i>LEASE NAME</i>	<i>Terms</i>	<i>Date Completed</i>	<i>ORDERED BY</i>
<i>McDaniels 1-27</i>	<i>Net 30</i>	<i>03-21-17</i>	<i>Preston</i>
<i>QUANTITY</i>	<i>DESCRIPTION</i>		<i>AMOUNT</i>
	<i>Drove by the location (was in the area anyways) and checked the reserve pits for free fluid. Found that there was none. Returned to Ness City.</i>		
	<i>80 Barrel Straight Truck</i>		<i>0.00</i>
	<i>Subtotal</i>		<i>0.00</i>
	<i>Exempt - New Well</i>		<i>0.00</i>
<i>We appreciate your business! Please make all checks payable to Gabel Lease Service, Inc. Thank you.</i>			<b>Total</b> <i>\$0.00</i>