

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: _____
<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

Bob's Hauling Service Inc.

Invoice

P.O. Box 277  
 St John ,Ks. 67576  
 Phone 1-620-549-3228-Office  
 Phone 1-620-793-4017 -Bob's Mobil

Date	Invoice #
12/7/2017	25365

Bill To
Tom Garner 305 E 7th Ave. St. John, KS 67576

Project	Terms	PO Number
Dennis #1	Net 30	

Item	Qty	Description	Rate	Amount
Vac Truck	7.5	Haul 400 bbls water from reserve pit to SWD -- service date -- 11/18/17	87.50	656.25
SWD Charge	5	SWD Charge	20.00	100.00
		<i>Thanks Bob</i>		
		<i>11-18</i>		

Thank you for your business.	<b>Total</b>	\$756.25
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Bob's Hauling Service Inc.

Invoice

P.O. Box 277  
St John ,Ks. 67576  
Phone 1-620-549-3228-Office  
Phone 1-620-793-4017 -Bob's Mobil

Date	Invoice #
12/13/2017	25381

Bill To
Tom Garner 305 E 7th Ave. St. John, KS 67576

Project	Terms	PO Number
Dennis #1	Net 30	

Item	Qty	Description	Rate	Amount
Tank Truck	7.5	Haul 400 bbls of salt water from reserve pit to SWD -- 2 trucks -- service date -- 12/11/17	75.00	562.50
SWD Charge	5	SWD Charge	20.00	100.00

*Thanks  
Bob*

*Rep  
1-1-18*

Thank you for your business.	<b>Total</b>	\$662.50
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