

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:		Well Number:	
<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		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

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 #
3/17/2018	25822

Bill To
Globe Operating 1926 Main St. P.O. Box 12 Great Bend, Ks 67530

Project	Terms	PO Number
CDK Holding	Net 30	

Pb

Item	Qty	Description	Rate	Amount
Vac Truck	1	Haul 80 bbls water off reserve pit to SWD -- service date -- 3/14/18	87.50	87.50
SWD Charge	1	SWD Charge	20.00	20.00
Vac Truck	4	320 bbls of free water from reserve pit to SWD -- service date -- 3/15/18	87.50	350.00
SWD Charge	4	SWD Charge	20.00	80.00
Vac Truck	2	160 bbls load from reserve pit -- haul to SWD -- service date -- 3/16/18	87.50	175.00
SWD Charge	2	SWD Charge	20.00	40.00

*Thanks
 Bob*

PERMIT DOC. #D19913
 OPERATOR LIC. 33779
 LEGAL-NE4 12-24S-15W
 HYTER A SWD

Thank you for your business.	Total	\$752.50
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