

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.) <div style="text-align: right;">Date of Waste Transfer: _____</div> 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 | |

Heartland Tank Service

PO Box 506
Hays, KS 67601

Phone # 785-259-5575

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 5/28/2016 | 10541 |

| |
|---|
| Bill To |
| Carmen Schmitt, Inc. PO Box 47 Great Bend, KS 67530 |

| |
|-----------------|
| Project/Lease |
| Steckline Lease |

| | |
|-------|--------|
| Terms | Net 15 |
|-------|--------|

| Serviced | Item | Description | Quantity | Rate | Amount |
|-------------------------------------|--------------------|---|--------------|-------|------------|
| 5/23/2016 | Vacuum Truck | -Delivered 80/bbl salt water & put into swab tank | 2.5 | 75.00 | 187.50 |
| 5/24/2016 | Vacuum Truck | -Delivered 160/bbl salt water to location | 3.5 | 75.00 | 262.50 |
| 5/26/2016 | Vacuum Truck | -Delivered 80/bbl fresh water to cement liner | 5 | 75.00 | 375.00 |
| | Vacuum Truck | -Delivered 80/bbl salt water to swab tank | 4 | 75.00 | 300.00 |
| | Fresh Water Charge | -Emptied work pit Fresh water | 80 | 0.50 | 40.00 |
| | | 713/32 13070.0201 | | | |
| Thank you for your business! | | | Total | | \$1,165.00 |