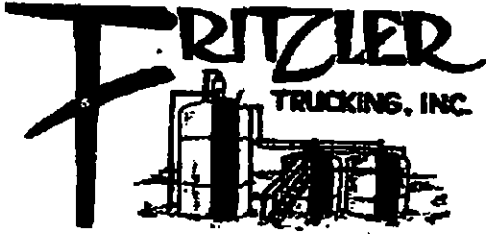


KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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			



PO BOX 544
NESS CITY, KANSAS 67560

MIKE J. FRITZLER
(785) 798-3641

- * Well Service Units
- * Winch Trucks
- * Backhoe & Trencher
- * Vacuum & Tank Trucks
- * Dump Trucks

BILL TO

CARMEN SCHMITT INC
P O BOX 47
GREAT BEND, KS 67530-0047

INVOICE NO. 18JUL93

DATE 7/15/18

LEASE HORACEK A #3

CODE	DESCRIPTION	QTY	RATE	AMOUNT
5203	7-01-18 Pulled fresh water from the suction pit and #1 pit, put into the fresh water pit. Moved mud into the suction and #1 pits. Mud was thick had to jet mud with fresh water. VACUUM TRUCK	5	95.00	.475.00
<i>7/15/18</i> <i>19126.0003</i>				
Please pay from this invoice. A finance charge of 1.5% per month is applied to invoices over 30 days			Total	\$475.00



- Vacuum & Tank Service
- Mud Pump & Swivel
- Rig Hauling
- Backhoe & Trencher
- High Pressure Truck
- 785-798-3641

Company Carmen Schmitt
 Lease Horacek A 3# Date 7-1-18

DESCRIPTION

Drove to lease ~~Pulled~~ F.W from suction pit and
 1# pit, put into F.W pit. MOVE mud into suction
 and 1# pits. Mud was thick, had to jet mud with
 F.W.

80 Bbl. Truck	_____	hr.	_____	per hr.	Total _____
80 Bbl. Vac. Truck	<u>5</u>	hr.	<u>95.⁰⁰</u>	per hr.	Total _____
130 Bbl. Transport Truck	_____	hr.	_____	per hr.	Total _____
Piston Pump Truck	_____	hr.	_____	per hr.	Total _____
Mud Pump & Swivel	_____	hr.	_____	per hr.	Total _____

County Hg.
 Thank You New Well Driver Ben 419#