

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	
<p>Location of Waste Disposal:</p> <p>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</p> <p style="text-align: right;">Date of Waste Transfer: _____</p> <p>Operator Name: _____ License No.: _____</p> <p>Lease Name: _____ Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Docket No./API No.: _____ County: _____</p> <p>Comments:</p>	
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 #
11/23/2018	27076

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

Project	Terms	PO Number
Garner	Net 30	

Item	Qty	Description	Rate	Amount
Vac Truck	6	Service date -- 11/19/18 320 bbls of water off reserve pit -- 4 loads -- haul to SWD -- service date -- 11/19/18	87.50	525.00
SWD Charge	4	SWD Charge	20.00	80.00
Vac Truck	4	Service date -- 11/21/18 Haul 160 bbls of water off reserve pit -- 2 loads -- haul to SWD -- service date -- 11/21/18	87.50	350.00
SWD Charge	2	SWD Charge	20.00	40.00
		<i>Thanks Bob</i>		
		<i>11-20-18</i>		

Thank you for your business.	Total \$995.00
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