

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; margin-right: 50px;">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



A Division of Trilobite Testing, Inc.  
 1515 Commerce Pkwy \* HAYS, KANSAS 67601  
 TELEPHONE: (877) 683-4295 FAX: (785) 625-5620

DATE 1/25/2019 INVOICE # 771

F.G. Holl Company, LLC  
 9431 E. Central, STE 100  
 Wichita, KS 67206

PAID  
 FEB 27 2019  
 BY: 79918

241371

		PO/PAYEE #	TERMS	DUE DATE
GBF A #1-2			Net 30	2/24/2019
2 19S 14W Barton KS				
Date	Description	QTY	Amount	
1/11/19 to 1/20/19	Pumping Service			
	Mileage per mile first day	114		
	Set up	1		
	Day(s) pumping	6		
	Standby on location per day	4		
	Diesel pump fuel at cost \$2.2101 per gal	61.557		
	Tear Down	1		
	Mileage per mile last day	114		
	Pipe Rental			
	Mileage per mile first day	114		
	Set up charge	1		
	Set up Per foot of line in use	1,500		
	Rental for line per foot/per day	15,000		
	Tear Down Charge	1		
	Tear down per foot of line in use	1,500		
	Mileage per mile last day	114		
	Compressor Rental Fee	1		

405-1090 PUMPING SUC / PIPE RNTL 1/11-1/20/19

Price change effective April 15th  
 For a complete price list go to <http://www.trilobitetesting.com>  
 If you are interested in Paperless Invoices please contact us at [trilobite@eaglecom.net](mailto:trilobite@eaglecom.net)

Thank You

Payments/Credits

TOTAL

Balance Due

Rate of Finance Charge on Past Due Accounts: 1.50% Monthly - 18% Annually