

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)</small> <small>(e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____ |

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| 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: _____ |

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| 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

Summary of Changes

Lease Name and Number: JONES TRUST 5-23

API/Permit #: 15-095-22328-00-00

Doc ID: 1482891

Correction Number: 1

| Field Name | Previous Value | New Value |
|------------------|---|---|
| Date Of Transfer | 11/10/2019 | 9/10/2019 |
| Save Link | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1482878 | ../../../../kcc/detail/operatorEditDetail.cfm?docID=1482891 |