

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm CDP-5  
May 2011  
Form must be Typed

## EXPLORATION &amp; PRODUCTION WASTE TRANSFER

|   |   |
|---|---|
| Operator Name:  | License Number:   |
| Operator Address:   |   |
| Contact Person:   | Phone Number: ( ) -   |
| Permit Number (API No. if applicable):  | Lease Name:   |
| Source of Waste:<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape<br><input type="checkbox"/> Dike | Well Number:<br><br>Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><br>GPS Location: Lat: _____, Long: _____<br><small>(e.g. xx.xxxxx)</small> <small>(e.g. -xxx.xxxxx)</small><br>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84<br>County: _____ |

No Waste to be Hauled:  (If checked, provide an explanation as to why no waste was hauled in the Comments area.)Type of waste to be disposed:  Fluid  Soil  Mud / Cuttings  Other: \_\_\_\_\_

Amount of waste: \_\_\_\_\_ No. of loads      \_\_\_\_\_ Barrels      \_\_\_\_\_ Tons      \_\_\_\_\_ YDS

Destination of waste:  Reserve Pit  Haul Off Pit  Disposal Well  Lease Road  Dike / Berm  Other: \_\_\_\_\_If waste is transferred to another reserve pit, is the lease active?  Yes  No

Location of Waste Disposal:

Destination Out of State:  (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. \_\_\_\_\_  East  West

Docket No./API No.: \_\_\_\_\_ County: \_\_\_\_\_

Comments:

Submitted Electronically

2009-11-20

1. Generator ID Number  
 2. Page 1 of 1  
 3. Emergency Response Phone: 877-437-7455  
 4. Waste Tracking Number: 202002-001

5. Generator's Name and Mailing Address: ONEOK Partners, LLC (Attn: Coy Pyle), P.O. Box 871 (MD 851), Tulsa, OK 74102-0871, Generator's Phone: 918-722-4225  
 Generator's Site Address (if different than mailing address): Colby New Elk Creek, 39489182, -100925760, Thomas County, KS 67701

6. Transporter 1 Company Name: SET Environmental, Inc. U.S. EPA ID Number: ILD091057236

7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Seward County Landfill, 1703 East 8th St, Liberal, KS 67001, Facility's Phone: 620-628-3200, U.S. EPA ID Number:

| 9. Waste Shipping Name and Description                  | 10. Containers |      | 11. Total Quantity | 12. Unit Wt/Vol |  |
|---|----------------|------|--------------------|-----------------|--|
|   | No             | Type |                    |                 |  |
| DOT Non Hazardous Material / EPA Non Regulated Material | 01             | TT   | 2200               | G               |  |
|   |                |      |                    |                 |  |
|   |                |      |                    |                 |  |
|   |                |      |                    |                 |  |
|   |                |      |                    |                 |  |

13. Special Handling Instructions and Additional Information: Drilling Mud and Water

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offoror's Printed/Typed Name: [Signature] Month Day Year: 02 09 20

15. International Shipments:  Import to U.S.  Export from U.S. Port of entry/exit: Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials: Transporter 1 Printed/Typed Name: Tonia Burzette, Signature: [Signature], Month Day Year: 02 09 20

Transporter 2 Printed/Typed Name: Signature: Month Day Year:

17. Discrepancy: 17a. Discrepancy Indication Space:  Quantity  Type  Residue  Partial Rejection  Full Rejection

Manifest Reference Number: U.S. EPA ID Number:

17b. Alternate Facility (or Generator): Facility's Phone: U.S. EPA ID Number:

17c. Signature of Alternate Facility (or Generator): Month Day Year:

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a: Printed/typed Name: Tara Grant, Signature: [Signature], Month Day Year: 2 10 20

|  |                        |   |  |   |                   |                   |
|--|------------------------|---|--|---|-------------------|-------------------|
| <b>NON-HAZARDOUS WASTE MANIFEST</b>  | 1. Generator ID Number | 2. Page 1 of<br><b>1</b>  | 3. Emergency Response Phone<br><b>877-437-7455</b> | 4. Waste Tracking Number<br><b>202002-002</b> |                   |                   |
| 5. Generator's Name and Mailing Address<br><b>ONEOK Partners, LLC (Attn: Coy Pyle)<br/>P.O. Box 871 (MD 6-1)<br/>Tulsa, OK 74102-0871</b><br>Generator's Phone: <b>918-732-1382</b>  |                        | Generator's Site Address (if different than mailing address)<br><b>Colby New Elk Creek<br/>39.489182, -100.925160<br/>Thomas County, KS 67701</b> |  |   |                   |                   |
| 6. Transporter 1 Company Name<br><b>SET Environmental, Inc.</b>  |                        | U.S. EPA ID Number<br><b>ILD981857236</b>   |  |   |                   |                   |
| 7. Transporter 2 Company Name  |                        | U.S. EPA ID Number  |  |   |                   |                   |
| 8. Designated Facility Name and Site Address<br><b>Seward County Landfill<br/>1703 East 8th St<br/>Liberal, KS 67901</b><br>Facility's Phone: <b>620-628-3286</b>  |                        | U.S. EPA ID Number  |  |   |                   |                   |
| 9. Waste Shipping Name and Description   |                        | 10. Containers  |  | 11. Total Quantity                            | 12. Unit Wt./Vol. |                   |
|  |                        | No.   | Type   |   |                   |                   |
| 1. <b>DOT Non Hazardous Material / EPA Non Regulated Material</b>  |                        | <b>01</b>   | <b>TT</b>  | <b>1300</b>                                   | <b>G</b>          |                   |
| 2.   |                        |   |  |   |                   |                   |
| 3.   |                        |   |  |   |                   |                   |
| 4.   |                        |   |  |   |                   |                   |
| 13. Special Handling Instructions and Additional Information<br><b>Drilling Mud and Water</b>  |                        |   |  |   |                   |                   |
| 14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |                        |   |  |   |                   |                   |
| Generator's/Offoror's Printed/Typed Name<br><b>Monty K. White</b>  |                        | Signature<br><i>Monty K White</i>   |  | Month<br><b>02</b>                            | Day<br><b>10</b>  | Year<br><b>20</b> |
| 15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____   |                        |   |  |   |                   |                   |
| 16. Transporter Acknowledgment of Receipt of Materials   |                        |   |  |   |                   |                   |
| Transporter 1 Printed/Typed Name<br><b>TODD BROSSETTE</b>  |                        | Signature<br><i>TODD BROSSETTE</i>  |  | Month<br><b>02</b>                            | Day<br><b>10</b>  | Year<br><b>20</b> |
| Transporter 2 Printed/Typed Name   |                        | Signature   |  | Month   | Day               | Year              |
| 17. Discrepancy  |                        |   |  |   |                   |                   |
| 17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection  |                        |   |  |   |                   |                   |
| Manifest Reference Number: _____ U.S. EPA ID Number  |                        |   |  |   |                   |                   |
| 17b. Alternate Facility (or Generator)   |                        |   |  |   |                   |                   |
| Facility's Phone: _____  |                        |   |  |   |                   |                   |
| 17c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____   |                        |   |  |   |                   |                   |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a   |                        |   |  |   |                   |                   |
| Printed/Typed Name<br><b>Brenda Bressler</b>   |                        | Signature<br><i>Brenda Bressler</i>   |  | Month<br><b>2</b>                             | Day<br><b>11</b>  | Year<br><b>20</b> |

GENERATOR  
INT'L  
TRANSPORTER  
DESIGNATED FACILITY