KOLAR Document ID: 1515074

## 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:	
Emergency Pit Settling Pit  Workover Pit Drilling Pit  Burn Pit Haul-off Pit  Steel Pit Spill / Escape	Source Location (QQQQ):	
Dike	Datum: NAD27 NAD83 WGS84  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 BarrelsTons 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		



## NON-HAZAL JOUS SPECIAL WASTE & LIBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is  $\underline{\mathsf{NOT}}$  asbestos waste, complete only Sections I, II and III.

No. 011014

Section I GENERATOR (Generator complete	te all of Section 1) MAC 221002
a. Generator Name ONEOK Partners, LLC (Attn: Coy Pyle)	
c. Address: P.O. Box 871 (MD 6-1)	d. Address: 39.881462 -101.834893
Tulsa, OK 74102-0871	Cleveland Run, KS 67756
e. Phone No.: 918-732-1382  If owner of the generating facility differs from the generator, provide:	f. Phone·No.:
g. Owner's Name:	Owner's Phone No.: BOR # RBR250689
	Owner's Phone No.:
I. WCI WASTE CODE:  PT 1 9 1 1 3  j. Description of Waste :  Drilling Mud and Water	Containers  TYPE  DM - METAL DRUM  DP - PLASTIC DRUM  B - BAG
	k. Quantity 6 160 Units No Type BA - 6 MIL PLASTIC BAG OR WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, an applicable regulations. AND, if the waste is a treatment residue of a previously respectively. I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.  **See Copied Manifest** Generator Authorized Agent Name  Signature	d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Waste Subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Waste Subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a O - OTHER
Section II TRANSPORTER (Generator	Shipment Date  Transporter I complete e-g complete a-d; Transporter II complete h-n
TRANSPORTER I	·
a.Name: SET Environmental Inc.	h.Name:
b. Address: 1100 N. Main Street	i Addrage
Noble, OK 73068	i. Address:
c. Driver Name / Title: Nike Woodry	
405-872-1400 Print / Type	j. Driver Name / Title:PRINT / TYPE
d. Phone No.: e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No. / State:	m. Vehicle License No. / State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver's Signature Shipment Date	n. Driver's Signature Shipment Date
	nplete a-d, destination site completes e-f.)
a.Site Name:PLUMB THICKET LANDFILL	c. Phone No.: 620-896-2229
b. Physical Address:440 N/E 150TH ROAD	d. Mailing Address: PO BOX 495
HARPER, KS 67058	HARPER, KS 67058
e. Discrepancy Indication Space:	,
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.  Clab  Receipt Date
	es a-d, f, g; Operator * completes e.)
a. Operator's * Name:	b. Operator's * Phone No.:
d. Special handling instructions and additional information:	are fully and accurately described above by proper shipping name and are classified,
e. Operator's Name & Title:	and go on more regulations
. Name & address of Responsible Agency:	Operator's * Signature Date
g. Friable; Non-friable; Both % friable	0/
gRable;Non-friable; Both % friable from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns, leases, operates, controls, or supervises the from the company which owns is the company which is the company whic	e % nonfriable acility being demolished or renovated, or the demolition or renovation operation, or both.



## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is  $\underbrace{\text{NOT}}$  asbestos waste, complete only Sections I, II and III.

No. 011014

8

Section I GENERATOR (Generator complete	e all of Section 1)
a. Generator Name ONEOK Partners, LLC (Attn: Coy Pyle)	
c. Address: P.O. Box 871 (MD 6-1)	b. Generating Location: St. Trances 1300Ser
	d. Address: 39,981462 -101,834893
Tulsa, OK 74102-0871	Cleveland Run, KS 67756
e. Phone No.: 918-732-1382 If owner of the generating facility differs from the generator, provide:	f. Phone No.;
g. Owner's Name:	Owner's Phone No.:
I. WCI WASTE CODE: PT 19 113	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste : Drilling Mud and Water	k. Quantity Units No. TYPE BA-6 MIL PLASTIC BAG
nood south and the	OR WRAP T - TRUCK
need Signature on original so it goes to	Trough to carbon copies
any applicable state law, has been properly described, classified and packaged, and applicable regulations. AND, if the waste is a treatment residue of a previously reservictions. I certify and warrant that the waste has been treated in accordance with the waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name  Signature	of a hazardous waste as defined by 40 CFR Part 261 or UNITS  d is in proper condition for transportation according to
a.Name; SET Environmental Inc.	TRANSPORTER II
b. Address: 1100 N. Main Street	h.Name:
Noble, OK 73068	I. Address:
c. Driver Name / Title: Mike Woodn's	i. Driver Name / Title:
d. Phone No.: 405-872-1400 e. Truck No.: 1225	j. Driver Name / Title:
f. Vehicle License No. / State:	m Vahiala Lianza Na 700
Acknowledgement of Receipt of Materials.	m. Vehicle License No. / State:
1/2 Wesh: 042020	
g. Briver's Signature Shipment Date	n. Driver's Signature Shipment Date
DESTRICTION (Centrator Contrator	nplete a-d, destination site completes e-f.)
a.Site Name: PLUMB THICKET LANDFILL	c. Phone Na.: 620-896-2229
b. Physical Address: 440 N/E 150TH ROAD	d. Mailing Address: PO BOX 495
HARPER, KS 67058	HARPER, KS 67058
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the b	pest of my knowledge the foregoing is true and accurate
f	The second to the decentarie.
Name of Authorized Agent Signature	Receipt Date
Continue III	es a-d, f, g; Operator * completes e.)
a. Operator's * Name:	h Operatoric to Plant
c. Operator's * Address	b. Operators Prione No.:
d. Special handling instructions and additional information:	
OPERATOR'S CERTIFICATION: I bereby declare that the section is	
packed, marked and labeled, and are in all respects in proper condition for transport by highways	are runy and accurately described above by proper shipping name and are classified, as according to applicable international and government moutable.
e. Operators Name & Title:	And Advertised Legislions
f. Name & address of Responsible Agency:	Operator's * Signature Date
g. Friable; Non-friable; Both % friable Operator refers to the company which owns, leases, operates, controls, or supervises the fac	% nonfriable
, applied the lat	and some demolished of renovated, or the demolision or renovation constitution