KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Carmen Schmitt, Inc.
License Number: 6569
Operator Address: PO BOX 47 GREAT BEND KS 67530 0047
Contact Person: Matt Suchy
Phone Number: (620) 793 - 5100
Permit Number *(API No. if applicable)*: 15-163-03739-00-00
Lease Name: TATKENHORST E
Well Number: 4

Source of Waste:

- [ ] Emergency Pit
- [ ] Settling Pit
- [x] Workover Pit
- [ ] Drilling Pit
- [ ] Burn Pit
- [ ] Haul-off Pit
- [ ] Steel Pit
- [ ] Spill / Escape
- [ ] Dike

Source Location (QQQQ): _____ - E2 - NE - SE
Sec. 10 Twp. 9 R. 16 [ ] East [x] West
1980 Feet from [ ] North / [x] South Line of Section
330 Feet from [x] East / [ ] West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*
Datum: [ ] NAD27 [ ] NAD83 [ ] WGS84
County: Rooks

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: [x] Fluid [ ] Soil [ ] Mud / Cuttings [ ] Other: _____

Amount of waste: 1 No. of loads 10 Barrels _____ Tons _____ YDS

Destination of waste: [ ] Reserve Pit [ ] Haul Off Pit [x] 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: 2/10/2020

Operator Name: Carmen Schmitt, Inc.
License No.: 6569
Lease Name: TATKENHORST B 5
Sec. 10 Twp. 9 R. 16 [ ] East [x] West
Docket No./API No.: 15-163-19224-00-01
County: Rooks

Comments:

Submitted Electronically