

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.)	
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	



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

DATE INVOICE #
 7/30/2019 796

Vincent Oil Corporation
 115 N Market St STE 700
 Wichita KS 67202

		PO/PAYEE #	TERMS	DUE DATE
Conner #1-17			Net 30	8/29/2019
17 23S 24W Hodgeman KS				
Date	Description	QTY	Amount	
7/19/19 to 7/29/19	<u>Pumping Service</u>			
	Mileage per mile first day	212	265.00	
	Set up	1	450.00	
	Day(s) pumping	7	3,850.00	
	Standby on location per day	4	660.00	
	Diesel pump fuel at cost \$2.349 per gal	56.42	132.53	
	Tear Down	1	450.00	
	Mileage per mile last day	212	265.00	
	Pipe Rental			
	Mileage per mile first day	212	265.00	
	Set up charge	1	325.00	
	Set up Per foot of line in use	550	27.50	
	Rental for line per foot/per day	6.050	181.50	
	Tear Down Charge	1	325.00	
	Tear down per foot of line in use	550	27.50	
	Mileage per mile last day	212	265.00	
	Road Crossing		150.00	
			7,639.03	
	Combined DST discount 5%		-381.95	
	199-500			

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

Thank You

Payments/Credits \$0.00
TOTAL \$7,257.08
Balance Due \$7,257.08

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