KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: C & K Operating LLC
License Number: 35280
Operator Address: PO BOX 273 KINGMAN KS 67068 0273
Contact Person: James Kraft
Phone Number: (785) 252 - 7030
Permit Number *(API No. if applicable)*: 15-095-01616-00-03
Lease Name: MILES B
Well Number: 5

Source of Waste:

- ☐ Emergency Pit
- ☐ Settling Pit
- ☐ Workover Pit
- ☐ Drilling Pit
- ☐ Burn Pit
- ☐ Haul-off Pit
- ☑ Steel Pit
- ☐ Spill / Escape
- ☐ Dike

Source Location (QQQQ): _____ - NE - SE - SE
Sec. 19 Twp. 27 R. 10 ☐ East ☑ West
990 Feet from ☐ North / ☑ South Line of Section
440 Feet from ☑ East / ☐ West Line of Section
GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Kingman

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:

Liquids evaporated.

Submitted Electronically