KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: IGWT, Inc.
License Number: 3167
Operator Address: P.O. BOX 550 ROSE HILL KS 67133 0550
Contact Person: KENTON HUPP
Phone Number: (316) 265 - 5800
Permit Number *(API No. if applicable)*: 15-015-24141-00-00
Lease Name: FLYING J
Well Number: 1

Source of Waste:

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

Source Location (QQQQ): _____ - SE - SE - NE
Sec. 32 Twp. 25 R. 4 ☑ East ☐ West
2310 Feet from ☑ North / ☐ South Line of Section
330 Feet from ☑ East / ☐ West Line of Section
GPS Location: Lat: _____ (e.g. xx.xxxxx), Long: _____ (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Butler

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:

NO WASTE TO TRANSFER

Submitted Electronically