

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 style="margin-left: 40px;">(e.g. xx.xxxxx)</small> <small style="margin-left: 120px;">(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"/> <i>(If checked, provide an explanation as to why no waste was hauled in the Comments area.)</i>	
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"/> <i>(If checked, provide the location of where the waste was hauled in the Comments area.)</i>	
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

Custom Service, LLC

766 NW 30th St.
St. John, KS 67576

Invoice

Date	Invoice #
12/5/2021	2385

Bill To
Tom Garner 305 E 7th Ave St. John, KS 67576

Deanna

P.O. No.	Terms	Project
HARRISON	Due on receipt	

Item	Quantity	Description	Rate	Amount
Water Truck	2.5	12/01/2021: 160 BBLS FROM RESERVE PIT TO TOLAND SWD	87.50	218.75
Disposal Fee	160	160 BBLS TO TSWD	0.30	48.00
Water Truck	2.5	12/04/2021: 160 BBLS FROM RESERVE PIT TO TOLAND SWD	87.50	218.75
Disposal Fee	160	160 BBLS TO SWD	0.30	48.00
Water Truck	3.5	12/04/2021: 240 BBLS FROM RESERVE PIT TO TOLAND SWD	87.50	306.25
Disposal Fee	240	240 BBLS TO SWD	0.30	72.00

Thank you for your business. For any questions and concerns please contact Aric at (620)546-4205

Total

\$911.75