KOLAR Document ID: 1644303

## 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:	Well Number:			
Emergency Pit Settling Pit	Source Location (QQQQ):       -			
Workover Pit Drilling Pit	Feet from North / South Line of Section			
Burn Pit Haul-off Pit	Feet from East / West Line of Section			
Steel Pit Spill / Escape	GPS Location: Lat:, Long:			
Dike	Datum: NAD27 NAD83 WGS84 County:			
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 BarrelsTons 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?				
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:				
Submitted Electronically				



## CLARKE CORPORATION P.O. BOX 187 MEDICINE LODGE, KS 67104 Phone 886-5665

To: Briscoe	Order No.		
Trk No. 86 Ca	lled by		
Driver JCS Dat		11	2022
Lease Mille #1 Well No		).	
Empty Swab Tank Top Beserve Pit 160 Tox	off out	31/2	2/900
Mar SWD 160			
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