

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) 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			

Honas Tank Service, Inc.

400 E 2nd
Ellis, KS 67637
785-623-1485

Bill To

CARMEN SCHMITT, INC
PO BOX 47
GREAT BEND, KS 67530-0047

Ship To

CARMEN SCHMITT, INC
POST HUMBURG #1
MURFIN DRLG #114
HODGEMAN, CO.

INVOICE DATE	7/1/2022
Invoice #	18800
ORDERED BY	MATT

DATE OF SERVICE	6/2/2022
RELEASED DATE	
TANK #	73,78

Item Code	Description	Rate	Quantity	Amount
FRAC TANK	FURNISHED (2) 500 BBL. FRAC TANKS FOR WATER STORAGE TO DRILL THE POST HUMBURG #1 NO DAY CHARGE	550.00	2	1,100.00T
Trucking	DELIVERY CHARGE 6.5 HRS. @\$135.00	135.00	6.5	877.50
Trucking	PICKUP CHARGE 6.5 HRS. @\$135.00	135.00	6.5	877.50

*7/10/33
19809.0001
BCP*

FAILURE TO PAY WITHIN 30 DAYS WILL RESULT IN A INTEREST CHARGE OF 15% PER MONTH, OR 18% ANNUM.

IF ACCOUNTS MUST BE FORWARD TO A COLLECTION AGENCY OR ATTORNEY FOR COLLECTIONS, YOU WILL BE CHARGED AN ADDITIONAL 15% OF THE BALANCE DUE FOR COLLECTION/ATTORNEY FEE.

Sales Tax (7.5%) \$82.50

TOTAL \$2,937.50