KOLAR Document ID: 1676348

### 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  Workover Pit Drilling Pit  Burn Pit Haul-off Pit  Steel Pit Spill / Escape	Source Location (QQQQ):			
Dike	Datum: NAD27 NAD83 WGS84  County:			
No Waste to be Hauled: (If checked, provide an explanation as to why n	o 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	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?	□ 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:				
Submitted Electronically				



# NON-HAZA JOUS SPECIAL WASTE & AJBESTOS MANIFEST

If waste is asbestos waste, complete \$	
If waste is NOT asbestos waste, comp  Section I GENERATOR (Generator comp	
ONEOK Inc (NCCP)	GB-27 Replacement Konold Martin
a. Generator Name: P.O. Box 871 (MD 6-1)	h Congrating Location
c. Address: Tulsa, OK 74102	d. Address: 37.60913, -98.667535
	Pratt, KS 67124
e. Phone No.: 918-732-1382	f. Phone No.: Job #: 2210-0564
If owner of the generating facility differs from the generator, provide: g. Owner's Name:	
g. Owner's name:	Owner's Phone No.:
I. WCI WASTE CODE: P T - 2 2 + 1 5 4	Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste : Drilling Mud and Water	R Quantity  Units  No.  Type  BA - 6 MIL PLASTIC BAG  OR WRAP  T - TRUCK  O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations. AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Chick Dout's  Generator Authorized Agent Name  Section II  TRANSPORTER  Generator	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal ith the requirements of 40 CFR Part 268 and is no longer a Shipment Date
General	Transporter I complete e-g tor complete a-d; Transporter II complete h-n
a.Name:SET Environmental, Inc.	TRANSPORTER II
b. Address: 1100 N. Main Street	h.Name:
Noble, OK 73068	i. Address:
c. Driver Name / Title: TOO BUSENES  d. Phone No.: 405-872-1400 Print / Type Print	j. Driver Name / Title:
Acknowledgement of Receipt of Materials.	m. Vehicle License No. / State: Acknowledgement of Receipt of Materials.
- In the second	n. Driver's Signature Shipment Date
a.Site Name: PLUMB THICKET LANDFILL	complete a-d, destination site completes e-f.)
110.31/2 4.50/25	c. Phone No.: 620-896-2229
	d. Mailing Address: PO BOX 495
HARPER, KS 67058	HARPER, KS 67058
e. Discrepancy Indication Space:  Altered v. certify that the above named material has been accepted and to to the space of Authorized Agent  Section IV  ASBESTOS (Generator compared to the space of t	Receipt Date
(Contrator Comp	oletes a-d, f, g; Operator * completes e.)
a. Operator's * Name:	b. Operator's * Phone No.:
c. Operator's * Address	
d. Special handling instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm packed, marked and labeled, and are in all respects in proper condition for transport by h	nent are fully and accurately described above by proper shipping name and are classified, ighway according to applicable international and government regulations
e. Operator's Name & Title:	, and the second
f. Name & address of  Responsible Agency:	Operator's * Signature Date
g. Friable; Non-friable; Both % fria * Operator refers to the company which owns, leases, operates, controls, or supervises the	able % nonfriable ne facility being demolished or renovated, or the demolition or renovation operation, or both.



# NON-HA ... RDOUS SPECIAL WASTE ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections  $I,\,II,\,III$  and IVIf waste is  $\underline{\mathsf{NOT}}$  asbestos waste, complete only Sections I, II Section I GENERATOR (Generator complete all of Section 1) ONEOK, Inc. (NGGP) a. Generator Name: Replacement Konold Martin b. Generating Location P.O. Box 871 (MD 6-1) c. Address: 37.60913, -98.667535 d. Address: Tulsa, OK 74102 Pratt, KS 67124 918-732-1382 e. Phone No .: If owner of the generating facility differs from the generator, provide: Job #: 2210-0564 f. Phone No .: g. Owner's Name: Owner's Phone No. I. WCI WASTE CODE: TYPE - METAL DRUM - PLASTIC DRUM **Drilling Mud and Water** j. Description of Waste: - BAG BA - 6 MIL PLASTIC BAG Units No OR WRAP TRUCK O - OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal UNITS P - POUNDS Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a Y - YARDS M3- CUBIC METERS Y3- CUBIC YARDS O - OTHER ator Authorized Agent Name Shipment Date Section II Transporter I complete e-g Generator complete a-d, Transporter II complete h-n TRANSPORTER SET Environmental, Inc. TRANSPORTER II a.Name: h.Name: 1100 N. Main Street b. Address: i. Address: Noble, OK 73068 COOL c. Driver Name / Title: いりてある j. Driver Name / Title: 405-872-1400 Print / Type d. Phone No.: PRINT / TYPE k. Phone No.: \_ f. Vehicle License No. / State: m. Vehicle License No. / State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Shipment Date n. Driver's Signature Section III (Generator complete a-d, destination site completes e-f.) **DESTINATION** Shipment Date a.Site Name: PLUMB THICKET LANDFILL 620-896-2229 c. Phone No.: b. Physical Address: 440 N/E 150TH ROAD d. Mailing Address: PO BOX 495 HARPER, KS 67058 HARPER, KS 67058 e. Discrepancy Indication Space: hereby certify that the above named material has t Name of Authorized Agent Signature Section IV **ASBESTOS** (Generator completes a-d, f, g; Operator \* completes e.) a. Operator's \* Name: b. Operator's \* Phone No.: c. Operator's \* Address d. Special handling instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations e. Operator's Name & Title: f. Name & address of Operator's \* Signature Responsible Agency: Date g. Friable; Non-friable; Both % friable \* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



## NON-HAZARDOUS SPECIAL WASTE & ADBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is  $\underline{\mathsf{NOT}}$  asbestos waste, complete only Sections I, II and III.

No. 19236

Section I GENERATOR (Generator complete	te all of Section 1) M C 297978		
a. Generator Name: ONEOK, Inc. (NGGP)	GB-27 Replacement Konold Martir		
c. Address: P.O. Box 871 (MD 6-1)	b. Generating Location: <b>37.60913, -98.667535</b>		
Tulsa, OK 74102	d. Address: Pratt, KS 67124		
918-732-1382	Job #: 2210-0564		
e. Phone No.:  If owner of the generating facility differs from the generator, provide:	f. Phone No.:		
g. Owner's Name:	Owner's Phone No.:		
J. Description of Waste : PT - 2 2 - 1 5 4  Drilling Mud and Water	Containers  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG OR WRAP T - TRUCK		
	O- OTHER		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n any applicable state law, has been properly described, classified and packaged, ar applicable regulations. AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.  Generator Authorized Agent Name	In proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Shipment Date		
	Transporter I complete e-g complete a-d; Transporter II complete h-n		
a.Name: SET Environmental, Inc.	TRANSPORTER II		
b. Address: 1100 N. Main Street	h.Name:i. Address:		
Noble, OK 73068	I. Address:		
1646 t 1- 11			
c. Driver Name / Title: 405-872-1400 Print/Type e. Truck No.: 1414	j. Driver Name / Title:		
	k. Phone No.: I. Truck No.:		
f. Vehicle License No. / State:  Acknowledgement of Receipt of Materials.	m. Vehicle License No. / State:  Acknowledgement of Receipt of Materials.		
g: Driver's Signature Shipment Date	n. Driver's Signature Shipment Date		
* DIAM THICKET A AND THE	mplete a-d, destination site completes e-f.)		
	c. Phone No.: 620-896-2229		
b. Physical Address: 440 N/E 150TH ROAD	d. Mailing Address: PO BOX 495		
HARPER, KS 67058	HARPER, KS 67058		
e. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the Name of Authorized Agent	best of my knowledge the foregoing is true and accurate.  Receipt Date		
	tes a-d, f, g; Operator * completes e.)		
a. Operator's * Name:	D. Control of the con		
c. Operator's * Address	5. Operator 5 Thorrestro		
d. Special handling instructions and additional information:			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked and labeled, and are in all respects in proper condition for transport by high	t are fully and accurately described above by proper shipping name and are classified,		
e. Operator's Name & Title:	way according to applicable international and government regulations		
f. Name & address of	Operator's * Signature Date		
Responsible Agency:	Date		
g. Friable; Non-friable; Both % friabl	e% nonfriable		
* Operator refers to the company which owns, leases, operates, controls, or supervises the	facility being demolished or renovated, or the demolition or renovation operation, or both.		



# NON-HAZAL JOUS SPECIAL WASTE & ASBESTOS MANIFEST

	If waste is <u>NOT</u> asbestos waste, comp	
Section I	GENERATOR (Generator comp	
a. Generator Name:	ONIECK Inc (NICCE)	GB-27 Replacement Konold Martin
c. Address:	P.O. Box 871 (MD 6-1)	b. Generating Location: 37.60913, -98.667535
C. Address.	Tulsa, OK 74102	d. Address: Pratt, KS 67124
- DI	918-732-1382	Job #: 2210-0564
e. Phone No.:  If owner of the general	ating facility differs from the generator, provide:	f. Phone No.:
g. Owner's Name:	generator, provide.	Owner's Phone No.:
WCI WASTE CODE     J. Description of Waste	Prilling Mud OST ANDIS	Containers  Containers  DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA 6 MIL PLASTIC BAG OR WRAP
		T- TRUCK O- OTHER
applicable regulations. Restrictions, I certify an hazardous waste as def	g/nataro	restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a  Shipment Date
Section II		Transporter I complete e-g )
a.Name:	SET Environmental, Inc.	TRANSPORTER II
b. Address:	1100 N. Main Street	h.Name:
D. Madross.	Noble, OK 73068	i. Address:
c. Driver Name / Title d. Phone No.: f. Vehicle Litense No. Acknowledgement	e. Huck No.:	j. Driver Name / Title:
g. Driver's Signature	Shipment Date	n. Driver's Signature
Section III	<b>DESTINATION</b> (Generator of	omplete a-d, destination sile completes e-f.)
	MB THICKET LANDFILL	c. Phone No.: 620-896-2229
b. Physical Address: _	440 N/E 150TH ROAD	d. Mailing Address: PO BOX 495
1 -	HARPER, KS 67058	HARPER, KS 67058
f. Name of Authorized Ag	t the above named material has been accepted and to the	Receipt thate
Section IV		etes a-d, f, g; Operator * completes e.)
a. Operator's * Name:		b. Operator's * Phone No.:
c. Operator's * Address	3	
OPERATOR'S CERTIF	tructions and additional information: FICATION: I hereby declare that the contents of this consignment, and are in all respects in proper condition for transport by his	ent are fully and accurately described above by proper shipping name and are classified, ghway according to applicable international and government regulations
e. Operator's Name &	Fitle:Print/Type	Operator's t Circuit
<ul> <li>Name &amp; address of Responsible Agency</li> </ul>		Operator's * Signature Date
		ole % nonfriable e facility being demolished or renovated, or the demolition or renovation operation, or both



### NON-HAZAF OUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and IV.

No. 19240

Section I	GENERATOR (Generator complete		2 399977 17.60
a. Generator Name:	ONEOK, Inc. (NGGP) P.O. Box 871 (MD 6-1)	b. Generating Bation d. Address:	Replacement Konold Martin 37.60913, -98.667535
a Dhana Na	Tulsa, OK 74102	f. Phone No.:  Owner's Phone No.:	Pratt, KS 67124  Job #: 2210-0564
WCI WASTE CODE:  j. Description of Waste	Cilculi	22464	Units No. Type  Units No. Type  Or wrap  1 - Truck  O - OTHER
any applicable state law applicable regulations. Restrictions, I certify and hazardous waste as defi	FICATION: I hereby certify that the above named material is now, has been properly described, classified and packaged, and NND, if the waste is a treatment residue of a previously read warrant that the waste has been treated in accordance with ned by 40 CER Part 261.  Signature	ad is in proper condition for stricted hazardous waste state requirements of 40 CFR	transportation according to subject to the Land Disposal Part 268 and is no longer a P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II	TRANSPORTER (Generator	Transporter I c complete a-d; Transporter II c	complete e-g )
	TRANSPORTERI		TRANSPORTER II
a.Name:	SET Environmental, Inc.	h.Name:	
b. Address:	1100 N. Main Street	i. Address:	
a Daires Many / Till	Noble, OK 73068		
C. Driver Name / Die.	090 Print/Type 05-872-1400 Print/Type 105-872-1400	j. Driver Name / Title: _	PRINT / TYPE
d. Phone No.:	05-872-1400°. Tjuck No.:	k. Phone No.:	
t. Vehicle Likense No.	/ State:	m. Vehicle License No.	
W W	of Receipt of Materials.	Acknowledgement	of Receipt of Materials.
g. Drivery Signature	Shipment Date	n. Driver's Signature	Shipment Date
Section III		mplete a-d, destination sit	e completes e-f.)
	MB THICKET LANDFILL	c. Phone No.: 620-8	396-2229
b. Physical Address: _	440 N/E 150TH ROAD	d. Mailing Address:	PO BOX 495
	HARPER, KS 67058	9	HARPER, KS 67058
e. Discrepancy Indicati	on Space:		
f. Name of Authorized Age	the above named material has been accepted and to the	best of my mowledge that	reguing is true and accurate.  Receipt Date
Section IV	ASBESTOS (Generator complete	tes a-d, f, g; Operator * cor	mpletes e.)
a. Operator's * Name:		b. Operator's *	
c. Operator's * Address		b. Operators	FIIOTIE NO.:
d. Special handling inst	tructions and additional information:		
<b>OPERATOR'S CERTIF</b>	FICATION: I hereby declare that the contents of this consignment and are in all respects in proper condition for transport by high	t are fully and accurately descurately descurately according to applicable in	oribed above by proper shipping name and are classified,
e. Operator's Name & 1	Fitle:		
f. Name & address of Responsible Agency	Print / Type	Operator's * Signature	Date
	Ion-friable; Both % friable mpany which owns, leases, operates, controls, or supervises the	e % notes facility being demolished or re	onfriable  novated, or the demolition or renovation operation, or both.