KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: McQuade, Owen dba Owen's Pumping Service
License Number: 31203

Operator Address: 640 E SUNSET AVE RUSSELL KS 67665 3128

Contact Person: Owen McQuade
Phone Number: (785) 483 - 1418

Permit Number *(API No. if applicable)*: 15-051-20487-00-01
Lease Name: BAHL

Source of Waste:

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

Well Number: 2

Source Location (QQQQ): _____ - NW - SE - SW

Sec. 32 Twp. 12 R. 19 ☐ East ☑ West

1017 Feet from ☐ North / ☑ South Line of Section

3795 Feet from ☑ East / ☐ West Line of Section

GPS Location: Lat: _____ *(e.g. xx.xxxxx)*, Long: _____ *(e.g. -xxx.xxxxx)*

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Ellis

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:

This well was treated with a foam and there was no fluid produced to haul off. The pit was allowed to dry and back filled.

Submitted Electronically