CORRECTION #1

KOLAR Document ID: 1682942

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: Emergency Pit Settling Pit Workover Pit Drilling Pit Burn Pit Haul-off Pit	Source Location (QQQQ): -			
Steel Pit Spill / Escape Dike	GPS Location: Lat:			
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: Soil Mud / Cuttings Other:				
Amount of waste: No. of loads BarrelsTonsYDS				
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			
Docket No./API No.:	County:			
Comments:				
Submitted Electronically				



NON-HAZAKDOUS SPECIAL WASTE & ASBESTOS MANIFEST No. 15806

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and GENERATOR (Generator complete all of Section 1) Section I 95 New Martin GB-27 Replacement a. Generator Name: ONEOK, Inc. (NGGP) b. Generating Location: Konold Martin -97.735066 P.O. Box 871 (MD 6-1) Cheney, KS 67025 37. 60913, -98. 667535 d. Address: c. Address: Tulsa, OK 74102 Job#: 2210-0583 Pratt, KS 67124 f. Phone No.: 918-732-1382 Job #: 2210-0564 e. Phone No.: If owner of the generating facility differs from the generator, provide: Owner's Phone No g. Owner's Name: TYPE DM - METAL DRUM DP - PLASTIC DRUM I. WCI WASTE CODE: B - BAG BA - 6 MIL PLASTIC BAG **Drilling Mud and Water** OR WRAP j. Description of Waste: 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 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 hazardous waste as defined by 40 CFR Part 261. UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y3_ CUBIC YARDS O - OTHER 20822 lay Davis Shipment Date Signature Generator Authorized Agent Name ansporter I complete e-g TRANSPORTER **Section II** SET Environmental, Inc. TRANSPORTER II h.Name: a.Name: 1100 N. Main Street i. Address: b. Address: Noble, OK 73068 BURZETT j. Driver Name / Title: c. Driver Name / Title PRINT / TYPE

I. Truck No.: Print / Type Truck No 405-872-1400 k. Phone No.: 404764 m. Vehicle License No. / State: f. Vehicle License No. / State: Acknowledgement of Receipt of Materials Acknowledgement of Receipt of Materials. n. Driver's Signature Shipment Date (Generator complete a-d, destination site completes e-f.) Section III DESTINATION a.Site Name: __PLUMB THICKET LANDFILL 620-896-2229 c. Phone No.: b. Physical Address: 440 N/E 150TH ROAD **PO BOX 495** d. Mailing Address: HARPER, KS 67058 HARPER, KS 67058 e. Discrepancy Indication Space: by certify that the above named material has Name of Authorized Agent 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: Operator's * Signature Date f. Name & address of Responsible Agency: g. Friable; Non-friable; Both % friable % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

	If waste is asbestos waste, complete If waste is <u>NOT</u> asbestos waste, com		No. 19243
Section I	GENERATOR (Generator com		1 595790 /5
a Generator Namo:	ONEOK, Inc. (NGGP)		7 Replacement bonold Martin
c. Address:	DO D 074 (MD 0.4)		7 Replacement Konold Martin 37.60913, -98.667535
c. Address:	Tulsa, OK 74102	d. Address:	Pratt, KS 67124
	918-732-1382		Job #: 2210-0564
e. Phone No.: If owner of the general	ating facility differs from the generator, provide:	f. Phone No.:	J0D #. 2210-0564
g. Owner's Name:	aming radiately different file generator, provide:	Ourse de Dieses N	
		Owner's Phone No.:	- (
I. WCI WASTE CODE	PT - 22 - 154	1660	TYPE Containers DM - METAL DRUM DP - PI ASTIC DRUM
j. Description of Waste	e: Drilling Mud and Water	Quantill CO	Units No. TYPE BA-6 MIL PLASTIC BAG
		1000	T - TRUCK O - OTHER
applicable regulations. A Restrictions, I certify an hazardous waste as def	IFICATION: I hereby certify that the above named material w, has been properly described, classified and packaged AND, if the waste is a treatment residue of a previously divarrant that the waste has been treated in accordance with the fined by 40 CFR Part 261. Signature Signature	I, and is in proper condition for y restricted hazardous waste s with the requirements of 40 CFR	transportation according to subject to the Land Disposal Part 268 and is no longer a 8 0 - OTHER
Section II	3		nent Date
	TRANSPORTER I	Transporter I co ator complete a-d; Transporter II co	
a.Name:	SET Environmental Inc.	h Name:	TRANSPORTER II
b. Address:	1100 N. Main Street	i Address	
	Noble, OK 73068	i. Address:	
	1000 12 00		
c. Driver Name / Title:		j. Driver Name / Title:	
d. Phone No.:	405-872-1400t/Type 1414	_ k. Phone No.:	PRINT / TYPE I. Truck No.:
f. Vehicle License No.	State: Petro95		/ State:
Acknowledgemen	t of Receipt of Materials.	Acknowledgement of	of Receipt of Materials.
g. Driver's Signature	20822		
Section III	Shipment Date DESTINATION (Generator	n. Driver's Signature	Shipment Date
	MB THICKET LANDFILL	complete a-d, destination site	
Physical Address:	440 N/E 150TH ROAD	c. Phone No.: 620-89	
. I Hysical Address	HARPER, KS 67058	d. Mailing Address:	PO BOX 495
-			HARPER, KS 67058
e. Discrepancy Indicati	ion Space:		
A Peruly that	t the above named material has been accepted and to	the best owny knowledge the	foregoing is true and accurate.
Name of Authorized Age	ent Signature		Receipt Date
ection IV	ASBESTOS (Generator comp	pletes a-d, f, g; Operator * com	nplotes e.)
. Operator's * Name:			
. Operator's * Address	5		HORE NO.
. Special handling inst	tructions and additional information:		
PERATOR'S CERTIF	ICATION: I hereby declare that the	nent are fully and accurately descr	ithed above by proper chiesis.
		nighway according to applicable int	ternational and government regulations
. Operator's Name & 1	Frint / Type		
Name & address of Responsible Agency:		Operator's * Signature	Г
	lon frield		
	on-friable; Both % friampany which owns, leases, operates, controls, or supervises the	able % nor	nfriable
	oversity, leases, operates, controls, or supervises the	ne facility being demolished or rend	ovated or the domolitics and a



NON-HAZA. DOUS SPECIAL WASTE & ASBESTOS MANIFEST

	If waste is aspestos waste, complete S	Sections I, II, III and IV.	No. 19244
Section I	GENERATOR (Generator comp		7) (4835) 14
a Generator Namo:	OUTON ALOOP		100011911
c. Address:	ONEOK, Inc. (NGGP) P.O. Box 871 (MD 6-1)	b. Generating Location	27 Replacement Konold Martin
o. / lddress.	Tulsa, OK 74102	d. Address:	
o Dhana N	049 720 4200		Pratt, KS 67124
e. Phone No.: ——— If owner of the genera	ting facility differs from the generator, provide:	f. Phone No.:	Job #: 2210-0564
g. Owner's Name:	generaler, provide.	Owner's Phone No.:	
		owner or none no	
I. WCI WASTE CODE	PT-22-15	4	TYPE Containers DM - METAL DRUM
	Drilling Mad and Mater	CCE	DP - PLASTIC DRUM
j. Description of Waste	Drilling Mud and Water	k. Quantity	Units No. Type BA-6 MIL PLASTIC BAG
		500	OR WRAP T - TRUCK
			O- OTHER
GENERATOR'S CERTIF	FICATION: I hereby certify that the above named material is	not a hazardous waste as d	efined by 40 CFR Part 261 or UNITS
applicable regulations A	MD if the waste is a treatment we ide	and is in proper condition to	or transportation according to P-POUNDS
Restrictions, I certify and hazardous waste as defined as	If waste is a treatment residue of a previously in accordance with med by 40 CFR Part 261.	h the requirements of 40 CFI	P Dorl 760 and is no law I IVI - CUBIC METERS
Clay Day	15 Maria	171	Y ³ CUBIC YARDS O - OTHER
Generator Authoriz	ed Agent Name Signature	Shin	ment Date
Section II	TRANSPORTER (Generate	Transporter I or complete a-d; Transporter II	complete e-g
o Name:	TRANSPORTER I		TRANSPORTER II
	SET Environmental Inc.	h.Name:	
b. Address:	The state of the s	i. Address:	
	Noble, OK 73068		
	TOD BURETIE	j. Driver Name / Title:	
d. Phone No.:	405-872-1400 Print / Type 14 14		PRINT / TYPE I. Truck No.:
f. Vehicle License No. /	State: PG47695		. / State:
Acknowledgement	of Receipt of Materials.	Acknowledgement	t of Receipt of Materials.
Driver's Signature	30 420922		
Section III	Shipment Date DESTINATION (Generator or	n. Driver's Signature	Shipment Date
a.Site Name: PLUM	MB THICKET LANDFILL	omplete a-d, destination si	
	440 N/E 150TH ROAD	c. Phone No.: 620-8	
	HARPER, KS 67058	d. Mailing Address:	PO BOX 495
e. Discrepancy Indicatio		^	HARPER, KS 67058
hereby certify that t	the above named material has been accorted and to the	a bast bi for the day	27:10-10-2
M		The state of the s	pregoing is true and accourate.
Name of Authorized Ager	nt Signature	The last	101110
Section IV	Cigiratore	etes a-d, f, g; Operator * co	Roboipt Date
. Operator's * Name: _	· · ·		
. Operator's * Address .		b. Operator's *	Phone No.:
	uctions and additional information:		
PERATOR'S CERTIFIC	CATION: I hereby declare that the seed of the	nt are fully and acquiretely de-	brillad above human and a
	p y y.	nway according to applicable in	niped above by proper shipping name and are classified, nternational and government regulations
. Operator's Name & Tit	tle:Print / Type		general
Name & address of Responsible Agency:		Operator's * Signature	Date
	n-friable; Both % friable		
	n-friable; Both % friable pany which owns, leases, operates, controls, or supervises the	le % no	onfriable
	or supervises the	facility being demolished or re-	novated or the demolition or removation