

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: <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: _____ <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> 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	

H-D Oilfield Service, Inc.
 521 N Austin
 PO Box 87
 Bazine, KS 67516

Invoice

Date	Invoice #
12/28/2022	50490

hdoil@gbta.net 785-798-7677

Bill To
Carmen Schmitt, Inc. P.O. Box 47 Great Bend, KS 67530-0046

County	Lease Name	Identifier	Terms	Truck #	New Well
HODGEMAN	HOLMAN		Due on rc...	9	NO
Description		Quantity	Rate	Amount	
LEASE: HOLMAN DATE: 12-20-22 DRIVER: MIKE GILLILAND		2	120.00	240.00	
FURNISHED 80 BBL VACUUM TRUCK #9 TO EMPTY SALT WATER OUT OF SWT, 2 STOCK TANKS AND GB, 4 0 BBL TO IMEL SWD					
SALTWATER DISPOSAL FEE		40	0.30	12.00	
<i>7/5/12</i> <i>19397.0000</i>					
Thank you for your business.			Subtotal	\$252.00	
Accounts over 30 days old, at the discretion of H-D Oilfield Service, Inc., may be charged 1.5% Interest per month.			Sales Tax (7.5%)	\$0.00	
			Total	\$252.00	
			Balance Due	\$252.00	