

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:	
<p>Submitted Electronically</p>	

BRACKEEN LINE CLEANING, INC.
P.O. BOX 434
CLAFLIN, KS 67525
620-587-3351

Invoice

INVOICE NO.	DATE
102066	10/31/2022
PO NUMBER	TERMS
	Net 30
REP	DUE DATE
18	11/30/2022
LEASE	

BILL TO CARMEN SCHMITT
PO BOX 47
GREAT BEND, KS 67530

ROLFS

SERVICED	TICKET #	SERVICE PROVIDED	QTY	RATE	AMOUNT
10/25/2022	60815	FURNISH 80 BARREL VACUUM TRUCK AND OPERATOR TO HAUL SW TO DISPOSAL	2	115.00	230.00
10/25/2022	60815	DISPOSAL FEE PER BARREL	80	0.40	32.00

7/16/1
1477.7.0000

FINANCE CHARGES WILL BE ASSESSED ON ALL PAST DUE ACCOUNTS.
THANK YOU FOR YOUR BUSINESS.

SUBTOTAL	\$262.00
SALES TAX (7.5%)	\$0.00
TOTAL	\$262.00