

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:	
<input type="checkbox"/> Emergency Pit	<input type="checkbox"/> Settling Pit	Source Location (QQQQ): _____ - _____ - _____ - _____	
<input type="checkbox"/> Workover Pit	<input type="checkbox"/> Drilling Pit	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
<input type="checkbox"/> Burn Pit	<input type="checkbox"/> Haul-off Pit	_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section	
<input type="checkbox"/> Steel Pit	<input type="checkbox"/> Spill / Escape	_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section	
<input type="checkbox"/> Dike		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: (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:

Submitted Electronically

Stanley Tank Services, LLC

1245 E 8th St
Colby KS 67701

620-255-6813

Invoice

Date	Invoice #
3/1/2024	6584

Bill To
Carmen Schmitt Inc PO Box 47 Great Bend KS 67530-0047

Lease

Hines Farms

Date	Description	Hours	Rate	Amount
2/16/2024	Emptied swab tank Disposed of 55 bbls water Ran 25 bbls through gun barrel and put rest of oil into tank 46776 4'6" to 8'2"	3.5	120.00	420.00
2/22/2024	Pulled 60 bbls free fluid from reserve pit and took to Carmens Downing Trust Swd Pulled bottom on tank 46776 9'4" to 8'3" Ran all fluids through gun barrel	2.5	120.00	300.00

*7/19/24
19985.0210*

A charge of 2% will be assessed on passed due invoice and reoccur every 30 days following due date.

Total \$720.00

Due Date 4/1/2024