

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 style="display: inline-block; margin-left: 100px;">(e.g. xx.xxxxx)</small> <small style="display: inline-block; margin-left: 100px;">(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

# Invoice

Shane's Tank Service  
 P.O. Box 215  
 Russell, KS 67665

Invoice No.
S-51520

Ship To:
Carmen Schmitt Inc. 915 Harrison St, PO Box 47 Great Bend, KS 67530

				Terms
Mcfadden B				Net 30
Date	Quantity	Description	Rate	Amount
04/04/24	4	Picked up fw. Tried to pump tubing on well. Locked up was unable to get a rate.	105.00	420.00
04/04/24		Fresh Water	20.00	20.00
04/05/24	7	Backhoe dug out surface pipe. Dug trench and 100 bbl work pit. Leveled off in front of well for rig.	125.00	875.00
04/08/24	12.5	Picked up 80 bbl fw for plug job. Emptied up rinning 1" tubing to plug.	105.00	1,312.50
04/08/24		Fresh Water	80.00	80.00
04/10/24	6	Backhoe dug and braden head cut off casing and backfilled cellar. backfilled work over pit. Leveled off location.	125.00	750.00
04/10/24	3	EMptied work ove rpit. Disposed of fluids.	105.00	315.00
<i>7/3/33</i> <i>13320.0001</i>				
THANK YOU FOR YOUR BUSINESS!			<b>Total</b>	<b>\$3,772.50</b>