

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm CDP-5  
May 2011  
Form must be Typed

## EXPLORATION &amp; 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	

## Summary of Changes

Lease Name and Number: BREYFOGLE 2-3

API/Permit #: 15-055-22599-00-00

New Doc ID: 1786983

Parent Doc ID: 1776457

Correction Number: 1

Field Name	Previous Value	New Value
Amount(Barrels)	90	240
ApprovedDate	07/18/2024	07/19/2024
Date Of Transfer	7/10/2023	1/6/2024
Disposal Location - Docket No. or API	D28338.0	D26886.0
Disposal Location - Lease Name	SRAJER 1-29 SWD	BRADY 1-SWD
Disposal Location - Range	33	34
Disposal Location - Section	29	15