KOLAR Document ID: 1792407

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:		
Emergency Pit Settling Pit	Source Location (QQQQ): Sec Twp R East West		
Workover Pit Drilling Pit	Feet from North / South Line of Section		
Burn Pit Haul-off Pit	Feet from East / West Line of Section		
Steel Pit Spill / Escape	GPS Location: Lat:, Long:		
Dike	Datum: NAD27 NAD83 WGS84 County:		
No Waste to be Hauled: (If checked, provide an explanation as to why r	o waste was hauled in the Comments area.)		
Type of waste to be disposed: Fluid Soil Mud / Cuttings Other:			
Amount of waste: No. of loads BarrelsTons 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 v	vaste 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			



WC1000 (Rev. 6/12)

White - Destination Retain

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 76750

Connect with the Future®	
CALCOVAIGE DE LE CO	OR (Generator completes all of Section I)
a. Generator Name: ONEOK NGL Pipeline L.L.C.	b. Generating Location:
c. Address	d. Address
Tulsa, OK 74103	Liberal, KS 67901
e. Phone No.: 405-328-1404	f. Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	h. Purchase Order No.: TYPE
i. WC WASTE CODE K S F C L 2 4 -	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Drilling Mud and Water	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named mater state law, has been properly described, classified and packaged, and is in propurate is a treatment residue of a previously restricted hazardous waste shas been treated in accordance with the requirements of 40 CFR Part 268 and	rial is not a hazardous waste as defined by 40 CFR Part 261 or any applicable per condition for transportation according to applicable regulations; AND, if the subject to the Land Disposal Restrictions, I certify and warrant that the waste
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER	(Generator complete a-d; Transporter II complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: SET Environmental Inc.	h. Name:
b. Address: 1100 N. Main Street	i. Address:
Noble, OK 73068	
c. Driver Name/Title: 1000 Buy 1016	j. Driver Name/Title:
d. Phone No.: 405-872-1400 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: Acknowledgment of Receipt of Materials: g.	m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n
Driver Signature Shipmer	
	nerator completes a-d; destination site completes e-f.
a. Site Name: WASTE CONNECTIONS	c. Phone No.: (620) 275-4421
b. Physical Address: 5023 Finney County Landfill	d. Fax No.: (620) 275-5047
1250 S. Raceway Rd. • Gard	en City, KS 67846
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accept	ted and to the best of my knowledge the foregoing is true and accurate.
1	D8224
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Ger	enerator completes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	b. Shipper's* Phone No.:
c. Shipper's* Address:	
d. Shipper's* Special Handling Instructions and additional information	
	ully and accurately described above by proper shipping name and are classified, packaged, marked, and
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
	% friable% nonfriable
0	% ITIADIE
omportation to the company which owns, leades, operates, controls, of superv	The state of the s

Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

No. 76751

WASTE CONNECTIONS INC. Connect with the Future®	If waste is NOT aspestos waste	, complete only Sections 1, 11 a	na m.
Section I		ator completes all of Section I)	
a. Generator Name: ONE		. Generating Location:	0-21
c. Address 100 \	W. Fifth Street	. Address	37.090248, -100.543648
Tulsa	a, OK 74103		Liberal, KS 67901
e. Phone No.:	405-328-1404	Phone No.:	Job #: 2408-0293
If owner of the generating fac	cility differs from the generator, provide:	THORE NO.:	
g. Owner's Name:	h	. Purchase Order No.:	
i. WC WASTE CODE	K S F C L 2 4 - 0 3	7 2 4 1 2 0 8	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste:	Drilling Mud and Water	Quantity 9 9 0 Units	Containers No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
state law, has been properly de- waste is a treatment residue of	ON: I hereby certify that the above named material is not a hat scribed, classified and packaged, and is in proper condition for a previously restricted hazardous waste subject to the Le with the requirements of 40 CFR Part 268 and is no longer at	or transportation according to applicable and Disposal Restrictions, I certify and v	regulations; AND, if the warrant that the waste
Generator Authorized Agent Na		Shipment Dat	
Section II	TRANSPORTER (Generator	complete a-d; Transporter II complete	
	TRANSPORTER I		TRANSPORTER II
	ET Environmental Inc.	h. Name:	
D. Madrooo.	100 N. Main Street	i. Address:	
	oble, OK 73068	-	
c. Driver Name/Title:	an BURTETTE	j. Driver Name/Title:	
d. Phone No.: 405-8	72-1400 e. Truck No.:	k. Phone No.:	I. Truck No.:
f. Vehicle License No./State	1)/ (1 //0 // 5	_ m. Vehicle License No./State):
Acknowledgment of Rece	ipt of Materials:	Acknowledgment of Rece	ipt of Materials:
g	Shipment Date	n Driver Signature	Shipment Date
Section III	DESTINATION (Generator com		etes e-f
a. Site Name: WASTI		c. Phone No.: (620) 2	
		(600)	275-5047
	3 Finney County Landfill 0 S. Raceway Rd. • Garden City,	u. rux rvo z	270-00-7
120	5. naceway nu. • daruen city,	K3 07040	
e. Discrepancy Indication Sp	pace: bove named material has been accepted and to the	ne hest of my knowledge the fore	egoing is true and accurate
Thereby certify that the a	bove named material has been accepted and to the	le best of my knowledge the fore	
f.	Signature	0823	24
Name of Authorized Agent		Receipt D	
Section IV	ASBESTOS (Generator com	pletes a-d; f, g, Shipper* comple	tes e.
a. Shipper's* Name:		b. Shipper's* Phone No.:_	
c. Shipper's* Address:		X	
d. Shipper's* Special Handl	ing Instructions and additional information:		
CERTIFICATION: I hereby declare labeled/placarded, and are in all i	e that the contents of this consignment are fully and accur respects in proper condition for transport according to app	ately described above by proper shipp plicable international and national gove	ing name and are classified, packaged, marked, and rnmental regulations.
e. Shipper's* Name & Title:		b. Shipper's* Phone No.:_	
f. Name and Address of Responsible Agency: _			Date
g. Friable; Non-			
3	nich owns, leases, operates, controls, or supervises the facilit		demolition or renovation operation, or both.

WC1000 (Rev. 6/12) White - Destination Retain Green - Return to Generator Canary - Return to Operator Pink - Transporter Retain Goldenrod - Generator Retain

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NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

No. 76752

Connect with the Future®			111.
Section I		rator completes all of Section I)	
a. Generator Name: ONEOK NGL Pipe		o. Generating Location:	0-21
c. Address		d. Address	37.090248, -100.543648
			Liberal, KS 67901
405-328-140 e. Phone No.:		f. Phone No.:	Job #: 2408-0293
If owner of the generating facility differs from the			
g. Owner's Name:		h. Purchase Order No.:	TYPE
i. WC WASTE CODE K S F C	L 2 4 - 0 3	7 2 4 1 2 0 8	DM - METAL DRUM DP - PLASTIC DRUM Containers B - BAG
j. Description of Waste:	and water	k. Quantity 8 2 Units	No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the state law, has been properly described, classified and paraste is a treatment residue of a previously restricte has been treated in accordance with the requirements of Generator Authorized Agent Name	ckaged, and is in proper condition d hazardous waste subject to the	for transportation according to applicable reg Land Disposal Restrictions, I certify and war	2061 or any applicable gulations; AND, if the rrant that the waste
		r complete a-d; Transporter I complete Transporter II complete	e-g)
d. Phone No.: 405-872-1400 f. Vehicle License No./State: Acknowledgment of Receipt of Materials: g. Driver Signature	treet 68 25 Truck No.: 1414 69 Shipment Date	h. Name: i. Address: j. Driver Name/Title: k. Phone No.: m. Vehicle License No./State: Acknowledgment of Receipt n Driver Signature	Shipment Date
Section III DEST		npletes a-d; destination site complete	
a. Site Name.		c. Phone No.: (620) 27	
b. Physical Address: 5023 Finney Cou		u. rux rvo	75-5047
1250 S. Raceway	Rd. • Garden City	, KS 0/840	
e. Discrepancy Indication Space: I hereby certify that the above named materia	I has been accepted and to	the best of my knowledge the forego	oing is true and accurate.
			74
fName of Authorized Agent	Signature	Receipt Date	2 1
		npletes a-d; f, g, Shipper* completes	
		. 1	
a. Shipper's* Name:	A	b. Shipper's* Phone No.:	
c. Shipper's* Address:	/ \	A	
d. Shipper's* Special Handling Instructions and			
CERTIFICATION: I hereby declare that the contents of th labeled/placarded, and are in all respects in proper cond	is consignment are fully and accu ition for transport according to ap	rately described above by proper shipping plicable international and national government	name and are classified, packaged, marked, and mental regulations.
e. Shipper's* Name & Title:		b. Shipper's* Phone No.:	
f. Name and Address of Responsible Agency:			Date
g. Friable; Non-friable; Both	% friable	% nonfriable	

White Destination Batain Green Batum to Congretor Congret Datum to Operator Dink - Transporter Datain Goldenrod - Congretor Datain

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

WC1000 (Rev. 6/12)



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

No. 76760

WASTE CONNECTIONS INC. If Waste IS NOT aspestos Connect with the Future®	s waste, complete only Sections I, II and III.
	(Generator completes all of Section I)
a. Generator Name:	b. Generating Location:
c. Address	d. Address 37.090248, -100543648
Tuisa, OK 74103	LIBERAL KS 107901
e. Phone No.:	f. Phone No.: TOB 7408-0293
If owner of the generating facility differs from the generator, provide:	I. THOROTON
g. Owner's Name:	h. Purchase Order No.:
i. WC WASTE CODE KS FCL 24 - 0	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: Drilling Mud and Water	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is state law, has been properly described, classified and packaged, and is in proper co waste is a treatment residue of a previously restricted hazardous waste subject has been treated in accordance with the requirements of 40 CFR Part 268 and is not generator Authorized Agent Name Signature	not a hazardous waste as defined by 40 CFR Part 261 or any applicable andition for transportation according to applicable regulations; AND, if the state to the Land Disposal Restrictions, I certify and warrant that the waste
	nerator complete a-d; Transporter I complete e-g) Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
SET Environmental Inc.	h. Name:
a. Name: 1100 N. Main Street	
b. Address: Noble, OK 73068	i. Address:
TOON BUNGATE	
C. Dilver Marile/Title:	j. Driver Name/Title:
d. Phone No.: 405-872-1400 e. Truck No.:	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State: Acknowledgment of Receipt of Materials:
Acknowledgment of Receipt of Materials:	74
g. Driver Signature Shipment Da	te Driver Signature Shipment Date
Section III DESTINATION (Generat	or completes a-d; destination site completes e-f.
a. Site Name: WASTE CONNECTIONS	c. Phone No.: (620) 275-4421
b. Physical Address: 5023 Finney County Landfill	d. Fax No.: (620) 275-5047
1250 S. Raceway Rd. • Garden	d. Tax No
e. Discrepancy Indication Space:	and to the best of my knowledge the foregoing is true and accurate
Thoroby cortiny that the above harried material has been accepted a	
f. Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Genera	tor completes a-d; f, g, Shipper* completes e.
a. Shipper's* Name:	b. Shipper's* Phone No.:
c. Shipper's* Address:	
d. Shipper's* Special Handling Instructions and additional information:	
CERTIFICATION: I hereby declare that the contents of this consignment are fully a labeled/placarded, and are in all respects in proper condition for transport according	nd accurately described above by proper shipping name and are classified, packaged, marked, and ng to applicable international and national governmental regulations.
e. Shipper's* Name & Title:	b. Shipper's* Phone No.:
f. Name and Address of Responsible Agency:	Date
g. \square Friable; \square Non-friable; \square Both%	friable% nonfriable

*Shipper refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both. WC1000 (Rev. 6/12)