

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: <div style="display: flex; flex-wrap: wrap; padding: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 50%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 50%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div> <div style="width: 50%;"><input type="checkbox"/> Dike</div> </div>	Well Number: <div style="margin-top: 10px;"> 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: _____ </div>
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



WASTE CONNECTIONS INC.
Connect with the Future®

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

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
b. Generating Location: O-21
c. Address: 100 W. Fifth Street
d. Address: 37.090248, -100.543648
Tulsa, OK 74103
Liberal, KS 67901
e. Phone No.: 405-328-1404
f. Phone No.: Job #: 2408-0293
g. Owner's Name: _____
h. Purchase Order No.: _____

i. WC WASTE CODE: KS FCL 24 - 037241208
j. Description of Waste: Drilling Mud and Water
k. Quantity: 11280 B Units: 01 TT
Containers No. TYPE
TYPE
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
UNITS
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name

Signature

Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: SET Environmental Inc.
b. Address: 1100 N. Main Street
Noble, OK 73068
c. Driver Name/Title: Todd Burzette
d. Phone No.: 405-872-1400
e. Truck No.: 1414
f. Vehicle License No./State: PL47695
Acknowledgment of Receipt of Materials: 082224
g. Driver Signature: _____
Shipment Date: _____

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____
l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgment of Receipt of Materials: _____
n. Driver Signature: _____
Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: WASTE CONNECTIONS
b. Physical Address: 5023 Finney County Landfill
1250 S. Raceway Rd. • Garden City, KS 67846
c. Phone No.: (620) 275-4421
d. Fax No.: (620) 275-5047
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____
Signature: _____
Receipt Date: 082224

Section IV ASBESTOS (Generator 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 and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's* Name & Title: _____
b. Shipper's* Phone No.: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ 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)

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

451195-495



WASTE CONNECTIONS INC.
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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. 76751

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C. b. Generating Location: O-21
c. Address: 100 W. Fifth Street d. Address: 37.090248, -100.543648
Tulsa, OK 74103 Liberal, KS 67901
e. Phone No.: 405-328-1404 f. Phone No.: Job #: 2408-0293
If owner of the generating facility differs from the generator, provide:
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
BA	-	6 MIL. PLASTIC BAG or WRAP
T	-	TRUCK
O	-	OTHER

j. Description of Waste: Drilling Mud and Water k. Quantity 9900 Units Containers No. TYPE

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: OU BEHAVIOR OF ONEOK Signature: [Signature] Shipment Date: 082324

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II							
a. Name: <u>SET Environmental Inc.</u>	h. Name: _____								
b. Address: <u>1100 N. Main Street</u>	i. Address: _____								
<u>Noble, OK 73068</u>									
c. Driver Name/Title: <u>Tam BURRIS</u>	j. Driver Name/Title: _____								
d. Phone No.: <u>405-872-1400</u>	k. Phone No.: _____	l. Truck No.: _____							
e. Truck No.: <u>1414</u>	m. Vehicle License No./State: <u>P647695</u>								
f. Vehicle License No./State: <u>P647695</u>	Acknowledgment of Receipt of Materials: <table border="1"><tr><td>0</td><td>8</td><td>2</td><td>3</td><td>2</td><td>4</td></tr></table>	0	8	2	3	2	4		
0	8	2	3	2	4				
g. <u>[Signature]</u>	n. <u>[Signature]</u>								
Driver Signature	Shipment Date	Shipment Date							

Section III DESTINATION (Generator 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 City, KS 67846
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 082324

Section IV ASBESTOS (Generator 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 and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's* Name & Title: _____ b. Shipper's* Phone No.: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ 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)

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



WASTE CONNECTIONS INC.
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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. **76752**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: **ONEOK NGL Pipeline L.L.C.**
b. Generating Location: **O-21**
c. Address: **100 W. Fifth Street**
d. Address: **37.090248, -100.543648**
Tulsa, OK 74103
Liberal, KS 67901
e. Phone No.: **405-328-1404**
f. Phone No.: **Job #: 2408-0293**
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**
j. Description of Waste: **Drilling Mud and Water**
k. Quantity: **16820** Units
Containers No. **01** TYPE **TT**

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: **ON BEHALF OF ONEOK** Signature: **[Signature]** Shipment Date: **082424**

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M³	- CUBIC METERS
Y³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: SET Environmental Inc.	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: 1100 N. Main Street	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: TOM BUZZETTE	n. Driver Signature: [Signature]	Shipment Date: 082424	
d. Phone No.: 405-872-1400			
e. Truck No.: 1414			
f. Vehicle License No./State: P6477695			
Acknowledgment of Receipt of Materials: _____		Acknowledgment of Receipt of Materials: _____	

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: **WASTE CONNECTIONS**
b. Physical Address: **5023 Finney County Landfill**
1250 S. Raceway Rd. • Garden City, KS 67846
c. Phone No.: **(620) 275-4421**
d. Fax No.: **(620) 275-5047**
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: **[Signature]** Signature: **[Signature]** Receipt Date: **082624**

Section IV ASBESTOS (Generator 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 and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
e. Shipper's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ 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)

White - Destination Retain Green - Return to Generator Grey - Return to Operator Pink - Transporter Retain Goldened - Generator Retain

45265-3.25



WASTE CONNECTIONS INC.
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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. **76760**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ONEOK NGL Pipeline L.L.C.
b. Generating Location: 0-21
c. Address: 100 W. Fifth Street
d. Address: 37.090248, -100.543648
Tulsa, OK 74103
LIBERAL KS 67901
e. Phone No.: 405-328-1404
f. Phone No.: TOB # 2408-0293
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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

j. Description of Waste: Drilling Mud and Water
k. Quantity: 6500 Units Containers No. 01 TYPE TT

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: OUTERHALF OF ONEOK Signature: [Signature] Shipment Date: 082624

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M³	- CUBIC METERS
Y³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>SET Environmental Inc.</u>	h. Name: _____		
b. Address: <u>1100 N. Main Street</u>	i. Address: _____		
c. Driver Name/Title: <u>TODD BURZETTE</u>	j. Driver Name/Title: _____		
d. Phone No.: <u>405-872-1400</u>	k. Phone No.: _____	l. Truck No.: _____	
e. Truck No.: <u>1414</u>			
f. Vehicle License No./State: <u>P047695</u>	m. Vehicle License No./State: _____		
Acknowledgment of Receipt of Materials: <u>[Signature]</u>	Acknowledgment of Receipt of Materials: _____		
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____		
Shipment Date: <u>082624</u>	Shipment Date: _____		

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: WASTE CONNECTIONS
b. Physical Address: 5023 Finney County Landfill
1250 S. Raceway Rd. • Garden City, KS 67846
c. Phone No.: (620) 275-4421
d. Fax No.: (620) 275-5047
e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 082624

Section IV ASBESTOS (Generator 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: _____
e. Shipper's* Name & Title: _____
f. Name and Address of Responsible Agency: _____
g. ☐ Friable; ☐ Non-friable; ☐ 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.

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