

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. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  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**

BILL TO  
Carmen Schmitt Inc  
PO Box 47  
Great Bend, KS 67530-0047

INVOICE #                                      DATE                                      DUE DATE  
7181    08/04/2024                                      09/03/2024

LEASE  
Hines Farms 3-9

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
07/24/2024	Loaded swab tank with 55 bbls water	2	135.00	270.00

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

**BALANCE DUE**

**\$270.00**

*7/10/24*  
*19985.0309*