

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="border: 1px solid black; padding: 5px; margin-top: 5px;"> 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

DEEP/SHALLOW CATHODIC PROTECTION GROUNDBED

DRILL FLUID DISPOSAL FORM

This form is dated effective as of the 19 day of May, 2024 by **Schwarm Ranch LLC**, hereinafter referred to as "Property Owner".

Property Owner acknowledges that the signing of this disposal form is an independent act of the Property Owner and agrees to allow access to their property at:

State KS County Kiowa Quarter NW
Section 33 Township 29 Range 17

And at the approval by the Property Owner, drilling fluids will be hauled and spread at the above location on private property.

IN WITNESS WHEREOF, the Property Owner has executed this disposal form in several counterparts original on the day and year first written above.

Schwarm Ranch LLC Date 5-19-24

Schwarm Ranch LLC

Schwarm Ranch LLC Mark A Schwarm member Date 5-19-24

Property Owner