

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
May 2011
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Griffin, Charles N.	License Number: 33936
Operator Address: 126 S MAIN ST PRATT KS 67124 2711	
Contact Person: CAITLIN LAHA	Phone Number: (620) 672 - 9700
Permit Number (API No. if applicable): 15-007-24512-00-00	Lease Name: MAYCE
Source of Waste: ☐ Emergency Pit ☐ Workover Pit ☐ Burn Pit ☐ Steel Pit ☐ Dike ☐ Settling Pit ☒ Drilling Pit ☐ Haul-off Pit ☐ Spill / Escape	Well Number: #1 Source Location (QQQQ): <u>NE</u> - <u>NW</u> - <u>SW</u> - <u>NE</u> Sec. <u>16</u> Twp. <u>30</u> R. <u>15</u> ☐ East ☒ West <u>1517</u> Feet from ☒ North / ☐ South Line of Section <u>2005</u> Feet from ☒ East / ☐ West Line of Section GPS Location: Lat: _____, Long: _____ (e.g. xx.xxxxx) (e.g. -xxx.xxxxx) Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84 County: <u>Barber</u>
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: Evaporated	
Submitted Electronically	