



KANSAS CORPORATION COMMISSION 1027516  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
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:  |
| <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Spill / Escape | Source Location (QQQQ): _____ - _____ - _____ - _____<br>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ County |
| 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:   | 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