



KANSAS CORPORATION COMMISSION 1034738  
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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Emergency Pit<br/> <input type="checkbox"/> Workover Pit<br/> <input type="checkbox"/> Burn Pit<br/> <input type="checkbox"/> Steel Pit </div> <div style="width: 48%;"> <input type="checkbox"/> Dike<br/> <input type="checkbox"/> Settling Pit<br/> <input type="checkbox"/> Drilling Pit<br/> <input type="checkbox"/> Haul-off Pit<br/> <input type="checkbox"/> Spill / Escape </div> </div> | Well Number: _____  |
|   | 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: _____<br>_____<br>_____<br>_____  |   |

Submitted Electronically