



KANSAS CORPORATION COMMISSION 1039125
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: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike <input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> <input type="checkbox"/> Spill / Escape | Well Number: |
| | 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 _____ County |

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: | 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