



KANSAS CORPORATION COMMISSION 1046589
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 (<i>API No. if applicable</i>):	Lease Name:	
Source of Waste:	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	
<input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Steel Pit	<input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Spill / Escape	

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: _____
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If waste is transferred to another reserve pit, is the lease active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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