



KANSAS CORPORATION COMMISSION 1049160
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: _____	License Number: _____
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Operator Address: _____

Contact Person: _____	Phone Number: () -
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Permit Number (API No. if applicable): _____	Lease Name: _____
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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
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Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____
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Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS
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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

Location of waste disposal: _____	Date of Waste Transfer: _____
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Operator Name: _____	License No.: _____
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Lease Name: _____	Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West
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Docket No./API No.: _____	County: _____
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Comments:

Submitted Electronically