



KANSAS CORPORATION COMMISSION 1059482
 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 <i>(API No. if applicable)</i> :	Lease Name:
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Source of Waste: <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Emergency Pit</td> <td><input type="checkbox"/> Dike</td> </tr> <tr> <td><input type="checkbox"/> Workover Pit</td> <td><input type="checkbox"/> Settling Pit</td> </tr> <tr> <td><input type="checkbox"/> Burn Pit</td> <td><input type="checkbox"/> Drilling Pit</td> </tr> <tr> <td><input type="checkbox"/> Steel Pit</td> <td><input type="checkbox"/> Haul-off Pit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Spill / Escape</td> </tr> </table>	<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"/> 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
<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"/> 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: _____
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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:	
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Submitted Electronically