



KANSAS CORPORATION COMMISSION 1060864
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: _____

<p>Source of Waste:</p> <p><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike</p> <p><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit</p> <p><input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit</p> <p><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit</p> <p> <input type="checkbox"/> Spill / Escape</p>	<p>Well Number: _____</p> <p>Source Location (QQQQ): _____ - _____ - _____ - _____</p> <p>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</p> <p>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</p> <p>_____ County</p>
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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. _____ East West

Docket No./API No.: _____ County: _____

Comments: _____

Submitted Electronically