



KANSAS CORPORATION COMMISSION 1067420
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: <table style="width:100%; margin-left: 20px;"> <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: |
| | <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 | | | | | | | | | | |
| 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: <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: _____ | | | | | | | | | | | |
| 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: _____ | | | | | | | | | | |
| 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