



KANSAS CORPORATION COMMISSION 1069981  
 OIL & GAS CONSERVATION DIVISION

**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:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div> <div style="width: 50%;"><input type="checkbox"/> Dike</div> <div style="width: 50%;"><input type="checkbox"/> Workover Pit</div> <div style="width: 50%;"><input type="checkbox"/> Settling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Burn Pit</div> <div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div> <div style="width: 50%;"><input type="checkbox"/> Steel Pit</div> <div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div> <div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div> </div>			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		
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