



KANSAS CORPORATION COMMISSION 1085331  
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:<br><br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Dike<br><input type="checkbox"/> Workover Pit <input type="checkbox"/> Settling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> <input type="checkbox"/> Spill / Escape |  | Well Number:                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                        |  | Source Location (QQQQ):     -     -     -     -<br>Sec.     Twp.     R. <input type="checkbox"/> East <input type="checkbox"/> West<br>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section<br>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br>_____ 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                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                         |  |