



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1092362

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:		Well Number:	
<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>		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			