



KANSAS CORPORATION COMMISSION 1100327  
 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):      -      -      -      -  |
|  | Sec.      Twp.      R. <input type="checkbox"/> East <input type="checkbox"/> West   |
|  | _____ 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