



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1105017

Form CDP-5  
May 2011  
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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <div>Source of Waste:</div> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Emergency Pit</div><div style="width: 50%;"><input type="checkbox"/> Settling Pit</div><div style="width: 50%;"><input type="checkbox"/> Workover Pit</div><div style="width: 50%;"><input type="checkbox"/> Drilling Pit</div><div style="width: 50%;"><input type="checkbox"/> Burn Pit</div><div style="width: 50%;"><input type="checkbox"/> Haul-off Pit</div><div style="width: 50%;"><input type="checkbox"/> Steel Pit</div><div style="width: 50%;"><input type="checkbox"/> Spill / Escape</div><div style="width: 50%;"><input type="checkbox"/> Dike</div></div>                                                                                                                                                  | <div>Well Number:</div> <div>Source Location (QQQQ): _____ - _____ - _____ - _____</div> <div>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div> <div>_____ Feet from <input type="checkbox"/> North / <input type="checkbox"/> South Line of Section</div> <div>_____ Feet from <input type="checkbox"/> East / <input type="checkbox"/> West Line of Section</div> <div>GPS Location: Lat: _____, Long: _____<br/><small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small></div> <div>Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84</div> <div>County: _____</div> |
| No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>Location of Waste Disposal:</div> <div>Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)</div> <div style="text-align: right; margin-top: 20px;">Date of Waste Transfer: _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Operator Name: _____</div><div>License No.: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Lease Name: _____</div><div>Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Docket No./API No.: _____</div><div>County: _____</div></div> <div style="margin-top: 20px;">Comments:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Submitted Electronically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |