



**KANSAS CORPORATION COMMISSION     1173858**  
**OIL & GAS CONSERVATION DIVISION**

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 <i>(API No. if applicable)</i> : _____	Lease Name: _____
Source of Waste:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike	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  GPS Location: Lat: _____, Long: _____ <small style="margin-left: 80px;">(e.g. xx.xxxxx)                                 <span style="margin-left: 100px;">(e.g. -xxx.xxxxx)</span></small> Datum: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: _____

No Waste to be Hauled:  *(If checked, provide an explanation as to why no waste was hauled in the Comments area.)*

Type of waste to be disposed:     Fluid     Soil     Mud / Cuttings     Other: \_\_\_\_\_

Amount of waste:      \_\_\_\_\_ No. of loads      \_\_\_\_\_ Barrels      \_\_\_\_\_ Tons      \_\_\_\_\_ YDS

Destination of waste:    Reserve Pit    Haul Off Pit    Disposal Well    Lease Road    Dike / Berm    Other: \_\_\_\_\_

If waste is transferred to another reserve pit, is the lease active?    Yes    No

Location of Waste Disposal:  
 Destination Out of State:  *(If checked, provide the location of where the waste was hauled in the Comments area.)*  
  

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_

Docket No./API No.: \_\_\_\_\_

Comments:

Date of Waste Transfer: \_\_\_\_\_

License No.: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ R. \_\_\_\_\_      East      West

County: \_\_\_\_\_

**Submitted Electronically**